

P220000 69563

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** ABE MULTIRSERVICES INC

Name of Corporation

**DOCUMENT NUMBER:** P22000069563

The enclosed Articles of Correction and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

EILEEN PAZ

Name of Contact Person

Firm/Company

2700 NE 135 ST APT #32

Address

MIAMI, FL 33181

City/State and Zip Code

PAZ.EILEEN@YAHOO.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

EILEEN PAZ

at ( 786 ) 397-5079

Name of Contact Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$35.00 Filing Fee

☐ \$43.75 Filing Fee & Certificate of Status

☐ \$43.75 Filing Fee & Certified Copy

☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

ARTICLES OF CORRECTION

For

ABE MULTIRSERVICES INC

Name of Corporation as currently filed with the Florida Dept. of State

P22000069563

Document Number (if known)

Pursuant to the provisions of Section 607.0124, Florida Statutes.

These articles of correction correct ARTICLES OF INCORPORATION

(Document Type Being Corrected)

filed with the Department of State on 09/06/2022

(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

NAME OF CORPORATION NEEDS TO BE CORRECT IT TO ABE MULTISERVICES INC.

Correct the inaccuracy, incorrect statement, or defect:

ABE MULTISERVICES INC

X

(Signature of a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of the receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

EILEEN PAZ

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35.00