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C. CARROTHERS

COVER LETTER

TO: Amendment Section Division of Corporations				
SUBJECT: ALLPORTS IMPO	ORT EXPORT INC			
DOCUMENT NUMBER: P140000727	•			
The enclosed Articles of Correction and fee are submitted for filing.				
Please return all correspondence concerning	g this matter to the following:			
TONI FAILLACE				
Name of Contact Person				
Firm/Company				
4920 SW 17TH ST				
FT LAUDERDALE, FL	33317			
City/State and Zip Code				
TFAILLACE@BELLSOUTH.NET				
E-mail address: (to be used for future annual rep				
For further information concerning this matter, please call:				
TONI FAILLACE	_ _{at (} 954 ₎ 260-8461			
Name of Contact Person	Area Code & Daytime Telephone Number			
Enclosed is a check for the following amou	int:			
□ \$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:	Street Address:			
Amendment Section Division of Corporations	Amendment Section Division of Corporations			
P.O. Box 6327	Clifton Building			
Tallahassee, FL 32314	2661 Executive Center Circle			
	Tallahassee, FL 32301			

ARTICLES OF CORRECTION

FILED

For

SEP 10 AM 10: 37

ALLPORTS IMPORT EXPORT INC

WELL THAT THE BELLEVILLE

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

P14000072711 Document Number (if known)	
Pursuant to the provisions of Section 607.0124 or 617.0124, Florida Statutes, this corporatese Articles of Correction within 30 days of the file date of the document being correct. These articles of correction correct SPELLING OF PRESIDENTS NAME (Document Type Being Corrected) filed with the Department of State on 09-02-2014 (File Date of Document)	oration files eted.
Specify the inaccuracy, incorrect statement, or defect:	
TONI FAILACE	
Correct the inaccuracy, incorrect statement, or defect:	
TONI FAILLACE	
(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.)	
TONI FAILLACE PRESIDENT	·
(Typed or printed name of person signing) (Title of person	r signing)

Filing-Fee: \$35.00