

V48810

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

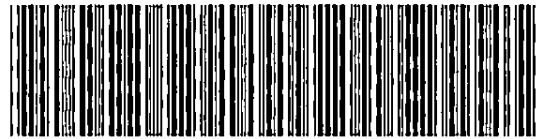
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500371622735

08/16/21--01041--003 \*\*35.00

RAWH IT

AUG 21 2021

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** LRE INC  
\_\_\_\_\_  
Name of Corporation

**DOCUMENT NUMBER:** V48810  
\_\_\_\_\_

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

Please return all correspondence concerning this matter to the following:

LEE RYDER

\_\_\_\_\_  
Name of Contact Person

LRE INC

\_\_\_\_\_  
Firm/Company

6187 NW 167 ST UNIT H-10

\_\_\_\_\_  
Address

HIALEAH, FL 33015

\_\_\_\_\_  
City/State and Zip Code

INFO@LEERYDER.COM

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

For further information concerning this matter, please call:

LEE RYDER at ( 305 ) 893-2762  
\_\_\_\_\_  
Name of Contact Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> \$35.00 Filing Fee       | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status                 |
| <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy | <input type="checkbox"/> \$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

LRE INC

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

V48810

Document Number (if known)

Pursuant to the provisions of Section 607.0124, Florida Statutes.

These articles of correction correct VP  
(Document Type Being Corrected)

filed with the Department of State on 6-24-2021  
(File Date of Document)

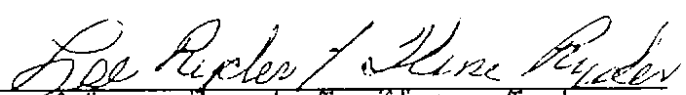
Specify the inaccuracy, incorrect statement, or defect:

MARIA PACHECO

Correct the inaccuracy, incorrect statement, or defect:

MAGENA BECERRA-PACHECO (NAME CHANGE)

FLOR CRAIG (VP NEW) 6187 N.W. 167TH STREET H-10 HIALEAH, FL 33015

  
(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.)

LEE RYDER / ILENE RYDER  
(Typed or printed name of person signing)

PRESIDENT  
(Title of person signing)

Filing Fee: \$35.00