N0500000985a

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	·
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		

Office Use Only



400060826774

10/24/05--01027--015 **75.00

FILED

05 0CT 24 PM 12: 03

SECRETARY OF STATE TALLAHASSEE FLORIDA

20

COVER LETTER

TO: Amendment Section Division of Corporations			
SUBJECT: Chi Signa of	the Florida togs Inc.		
DOCUMENT NUMBER: NOS 0000 9852			
The enclosed Articles of Correction and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
Name of Contact Person)			
Chi Signa of the Fro	ridakys Inc.		
P.O. Boy 1533 (Address)			
TANG OVER F2 330 (City/State and Zip Code)	70		
For further information concerning this matter, please call:			
Name of Contact Person)	at (3c5) 853-552\ (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 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		

ARTICLES OF CORRECTION

for

Ohi Sigma of the Florida Dept of State Name of Corporation as currently filed with the Florida Dept. of State The Sigma of Corporation as currently filed with the Florida Dept. of State The Sigma of Corporation as currently filed with the Florida Dept. of State The Sigma of Corporation as currently filed with the Florida Dept. of State The Sigma of Corporation as currently filed with the Florida Dept. of State The Sigma of Corporation as currently filed with the Florida Dept. of State The Sigma of Corporation as currently filed with the Florida Dept. of State The Sigma of Corporation as currently filed with the Florida Dept. of State The Sigma of Corporation as currently filed with the Florida Dept. of State The Sigma of Corporation as currently filed with the Florida Dept. of State The Sigma of Corporation as currently filed with the Florida Dept. of State The Sigma of Corporation as currently filed with the Florida Dept. of State The Sigma of Corporation as currently filed with the Florida Dept. of State The Sigma of Corporation as currently filed with the Florida Dept. of State The Sigma of Corporation as currently filed with the Florida Dept. of State The Sigma of Corporation as currently filed with the Florida Dept. of State The Sigma of Corporation as currently filed with the Florida Dept. of State The Sigma of Corporation as currently filed with the Florida Dept. of State The Sigma of Corporation as currently filed with the Florida Dept. of State The Sigma of Corporation as currently filed with the Florida Dept. of State The Sigma of Corporation as currently filed with the Florida Dept. of State The Sigma of Corporation as currently filed with the Florida Dept. of State The Sigma of Corporation as currently filed with the Florida Dept. of State The Sigma of Corporation as currently filed with the Florida Dept. of State The Sigma of Corporation as currently filed with the Florida Dept. of State The Sigma of Corporation as currently filed with the Florida Dept. of State The Sigma
NOS COO 9852 Document Number (if known)
Pursuant to the provisions of Section 607.0124 or 617.0124, Florida Statutes, this corporation files these Articles of Correction within 30 days of the file date of the document being corrected.
These articles of correction correct Officer / Director Tetri), (Document Type Being Corrected)
filed with the Department of State on 9/2005 (File Date of Document)
Specify the inaccuracy, incorrect statement, or defect:
TRETRURER - name Should be LET ANN not LET A
Thersoner - Address showly be Po. Box 1045
Threanier FL 33070
* She is a low Experience officer and connot have
aphysical Address listed, please change ASAP. Correct the inaccuracy, incorrect statement, or defect:
TREFRIER - LEE ANN HOLROUD
P.O. BOX 1045
TAYELNIER, FL 33070
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.)
LOU A MATHHEWS (Typed or printed name of person signing) (Title of person signing)

Filing Fee: \$35.00