

N15000009013

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

✓  
(Document Number)

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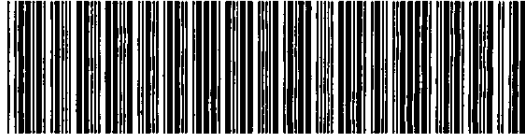
Special Instructions to Filing Officer:

Manny  
Reyes gave  
permission to make  
changes.  
DC

Office Use Only

OCT 07 2015

D CONNELL



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10/05/15--01025--001 \*\*35.00

FILED  
15 OCT -7 PM 12:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Art. of Correction  
W/- Name Change

OCT 07 2015

D CONNELL

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 7, 2015

NICOLE REYES  
8900 SW 96ST  
MIAMI, FL 33176

SUBJECT: MIRACLE THERAPEUTIC RIDING AND EDUCATION CENTER,  
INC.  
Ref. Number: N15000009013

We have received your document for MIRACLE THERAPEUTIC RIDING AND EDUCATION CENTER, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

THE REGISTERED AGENT IS NOT AN OFFICER OF THE COMPANY.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Cathy A Carrothers  
Regulatory Specialist

Letter Number: 515A00021223

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Miracle Therapeutic Riding and Education Center  
Name of Corporation IN

DOCUMENT NUMBER: N15000009013

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

Please return all correspondence concerning this matter to the following:

Nicole Reyes  
Name of Contact Person

Firm/Company

8900 SW 96st  
Address

Miami FL 33176  
City/State and Zip Code

Nreyes2400@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nicole Reyes at (305) 322-0488  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |   |
|--|---|
| <input 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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

ARTICLES OF CORRECTION

For

Miracle Therapeutic Riding and Education Center, Inc.  
Name of Corporation as currently filed with the Florida Dept. of State

N15000009013  
Document Number (if known)

Miracle Equine Therapy and Education Center, Inc.

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 Articles of Incorporation  
(Document Type Being Corrected)

filed with the Department of State on 9/16/2015  
(File Date of Document)


Specify the inaccuracy, incorrect statement, or defect:

"Miracle Therapeutic Riding and Education Center, Inc." is wrong never filed this name it left out the word Equine

Correct the inaccuracy, incorrect statement, or defect:

The name should be: Miracle Equine Therapy & Education Center, Inc.

Nicole A. Reyes - VP Same Address as Principal Address



(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.)

Nicole A. Reyes

(Typed or printed name of person signing)

Incorporator/  
Registered Agent

(Title of person signing)

Filing Fee: \$35.00