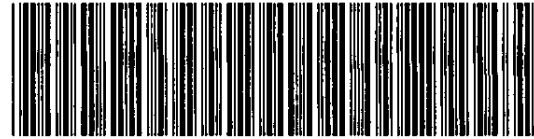


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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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2018

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: UN BOCAPO DE ALEGRIA INC
Name of Corporation

DOCUMENT NUMBER: N18 000003675

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

Please return all correspondence concerning this matter to the following:

Maria Fuentes
Name of Contact Person

UN BOCAPO DE ALEGRIA INC
Firm/Company

10370 NW 76 Terrace
Address

Poral Florida 33178
City/State and Zip Code

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

For further information concerning this matter, please call:

Maria Fuentes at (786) 3956823
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 & Certified Copy

☐ \$43.75 Filing Fee & Certificate of Status

☒ \$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

ON BOCADO DE ALFEBIA INC.

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

N18000003675

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 Articles of Incorporation.

(Document Type Being Corrected)

filed with the Department of State on April 2nd, 2018.

(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

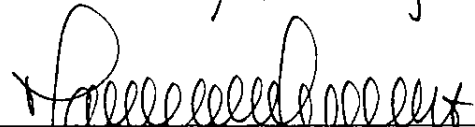
The address of The incorporator: Maria
Fuentes 3224 West 95 Terrace Hialeah Gardens - FL
33018 IS NOT CORRECT.

The name of The president: Maria
Fuentes IS NOT CORRECT.

Correct the inaccuracy, incorrect statement, or defect:

✓ Change The address of incorporator (Maria
Fuentes) to: 10370 NW 76 Terrace. Coral
Florida 33178.

✓ Change The name of The president to:
Name: Yerling, Middle: A, Last name:
Hostos. (Full name) Yerling A. Hostos


(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.)

Maria Fuentes

(Typed or printed name of person signing)

COO.

(Title of person signing)

Filing Fee: \$35.00