1/21000007572

(Requ	estor's Name)	
(Åddre	ess)	
(Addre	ess)	
(City/S	State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Busin	ess Entity Nar	ne)
(Document Number)		
Certified Copies	Certificates	s of Status
Special Instructions to Fili	ng Officer:	

Office Use Only



900368718059

U6/38/21--U1818--U89 **35.86

FILED

SECRETARY OF STAFF.

Apt. of Correction
7-2-21
DC

To Whom It May Concern,

I, Nicholas Refale, am an Officer (P) for SUNTRUST ALLIANCE CORP, document # N21000007572. I am requesting the amendment to be completed SUNTRUST ALLIANCE CORP, document # N21000007572.

My contact number is 813-585-6535 should I need to be reached. Additionally, due to reception issues in the area Lam Joseph 1 in the area I am located; I am more readily available via email.

Regards, Nicholas Refaie - President

Nicholas Refale

Printed Name

Signature

HILLSBOROUGH COUNTY, State of FLORIDA

The Foregoing instrument was acknowledged before me this 1st day of July, 2021. Personally appeared Nicholas Refaie to me known to be the person described in and who executed the foregoing instrument and acknowledged before me that he executed the same and who produced a driver's license and did take an oath.

Notary Public Signature and Seal

ANTHONY AL-REFAIE Commission # GG 909708 Expires September 12, 2023 Bonded Thru Troy Fein Insurance 800-365-7019

COVER LETTER

2		
TO	:	i

Amendment Section Division of Corporations

SUBJECT:	
DOCUMENT NUMBER: N21000007572	ame of Corporation
The enclosed Articles of Correction and fe	e are submitted for filing.
Please return all correspondence concernin	
ANTHONY AL-REFAIE - VP	-
Name of Contact Person	
SUNTRUST ALLIANCE CORP	
Firm Company	
9209 KNIGHTS BRANCH STREET	
Address	
TEMPLE TERRACE, FLORIDA 33637	
City/State and Zip Code	
NREFAIE@YAHOO.COM	
E-mail achiress, (to be used for future annual re	eport notification)
For further information concerning this m	atter, please call:
NICHOLAS REFAIE - PRESIDENT	at ()
Name of Centact Person	Area Code Dayume Telephone Number
Enclosed is a check for the following amo	
■ \$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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

	ARTICLES OF CORRECTION	
	For	
SUNTRUST ALLIANC	E CORP	
	Name of Corporation as currently filed with the Florida Dept. of St.	ie
	N21000007572	
	Document Number (if known)	_
Pursuant to the provisions Articles of Correction wit	s of Section 617.0124, Florida Statutes, this could be file date of the ocument b	rporation files these eing corrected.
These articles of correction	on correct ARTICLES OF INCORPORATION	
filed with the Department	(Drathment Town D. In a C.	orrected)
Specify the inaccuracy, in OMMIT/DELETE: Titl	(File Date of Document) correct statement, or defect: le D REFAIE, SHAKIRA	 -
		——————————————————————————————————————
		<u> </u>
		
		ss 30
		mo m
		77 2
Correct the inaccuracy, inc		AIE ORIDA

(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 fiduciny, by that fiduciary.)

Nicholas Refaie · President

P - NICHOLAS REFAIE

VP - ANTHONY AL-REFAIE

D - NICHOLAS REFAIE

(Typed or printed name of person signing)

President

Title of person signing)