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COVER LETTER

Amendment Section

TO:

Division of Corporations SUBJECT:___ Name of Corporation DOCUMENT NUMBER: N24000008529 The enclosed Articles of Correction and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Heriberto Ortiz Name of Contact Person U S Family S O S Inc. Firm/Company 10300 SW 72nd Street, Suite 303 Address Miami FL 33173 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Heriberto Ortiz Name of Contact Person Enclosed is a check for the following amount: ☐ \$43.75 Filing Fee & Certificate of Status □ \$35.00 Filing Fee ■ \$52.50 Filing Fee, Certificate of Status & ☐ \$43.75 Filing Fee & Certified Copy Certified Copy Street Address: **Mailing Address:** Amendment Section Amendment Section **Division of Corporations Division of Corporations** The Centre of Tallahassee P.O. Box 6327 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314 Tallahassee, FL 32303

ARTICLES OF CORRECTION

For

U S Family S O S Inc	
Name of Corporation as currently filed with the Florida Dept. of State	
N2400008529	
Document Number (if known)	
Pursuant to the provisions of Section 617.0124, Florida Statutes, this corporations of Correction within 30 days of the file date of the document being	oration files these g corrected.
These articles of correction correct Articles of Incorporation	
(inclinate type theing contains	cted)
iled with the Department of State on (File Date of Document)	<u></u> .
Specify the inaccuracy, incorrect statement, or defect:	
Change of address	~.3
Old address: 11455 SW 40th Street, Suite 213 Miami FL 33165	; -
	5
Correct the inaccuracy, incorrect statement, or defect: New address: 10300 SW 72nd Street, Suite 303 Miami FL 33173	
(Signature of a director, president or other officer. If directors for officers ha not been selected, by an incorporator - if in the hands of the receiver, trusted officer court appointed fiduciary, by that fiduciary.)	
Heriberto Ortiz X	dent
(Typed or printed name of person signing)	(Litle of person signing)

Filing Fee: \$35.00