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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Correction

TB

SEP 13 2010

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** BERT'S FARMS & COMPANY, INC.

Name of Corporation

**DOCUMENT NUMBER:** PO10000118877

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

Please return all correspondence concerning this matter to the following:

Carlos W. Bermudez

Name of Contact Person

Bert's Farms & Company, Inc.

Firm/Company

6322 NW 110 Terrace

Address

Hialeah, Fl. 33012

City/State and Zip Code

mebermu@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carlos W. Bermudez

Name of Contact Person

at ( 305 ) 557-3789

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

**BERT'S FARMS & COMPANY, INC.**

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

**P01000118877**

Document Number (if known)

**FILED**  
2010 SEP - 7 AM 10:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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 Amendment

(Document Type Being Corrected)

filed with the Department of State on August 20, 2010

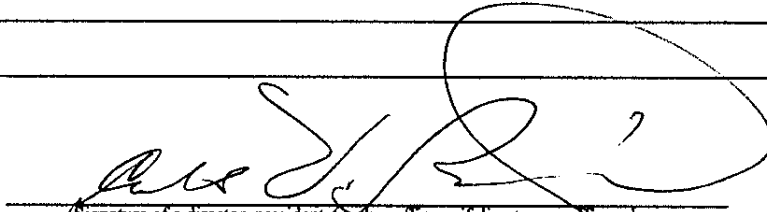
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

Officer Title DS, Maria R. Bermudez

Correct the inaccuracy, incorrect statement, or defect:

Name should be, Maria Ena Bermudez

  
(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.)

Carlos W. Bermudez

(Typed or printed name of person signing)

President

(Title of person signing)

**Filing Fee: \$35.00**