

P04000015444

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SAMMARY ENTERPRISES, INC.
(Name of Corporation)

DOCUMENT NUMBER: PO4000015444

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

Please return all correspondence concerning this matter to the following:

LUZ MARY RUIZ
(Name of Person)

SAMMARY ENTERPRISES, INC.
(Name of Firm/Company)

7829 ALTAVAN AVENUE
(Address)

ORLANDO, FL. 32822
(City/State and Zip Code)

For further information concerning this matter, please call:

LUZ MARY RUIZ at (407) 396 0928
(Name of Person) (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, Florida 32314

Street Address:

Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

ARTICLES OF CORRECTION

for

SUMMARY ENTERPRISES, INC.

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

P04000015444

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 Article of Incorporation

(Document Type)

filed with the Department of State on 01.15.2004

(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

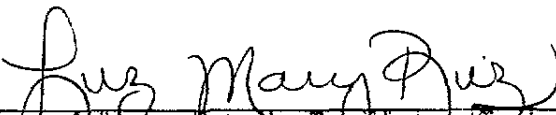
Correct name should be

SAMMARY ENTERPRISES, INC.

Correct the inaccuracy, incorrect statement, or defect:

Correct name should be

SAMMARY ENTERPRISES, INC.


(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.)

LUZ MARY RUIZ

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA