

P040000066530

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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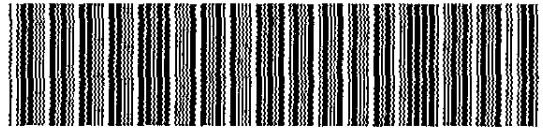
(Business Entity Name)

(Document Number)

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06/25/04--01002--008 **35.00

FILED
04 MAY 17 PM 12:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

6/25/04

ART.
Correction / N/C

58

For The Record
Keeping Things In Order

June 8, 2004

Re: New Millennium Consultant Group
Document # P04000066530

Susan Payne
Division of Corporation
Amendments Section
PO Box 6327
Tallahassee, FL 32314

Dear Ms. Payne:

First, allow me to thank you and your team for setting time and effort on assisting my team in the matter of the loss of Articles of Correction for the above stated company, which was mailed out on May 16, 2004. Per our telephone conversation, attached are the forms required for proceeding with this change, including copies of the original documents and proof of delivery. It has been noted on our end should the original check clear, your department will issue a refund to me for the amount cleared. Also noted, it was agreed that you have offered to issue the change as of the original date mailed. This would be greatly appreciated.

Again, it has been a pleasure to work with you and I deeply appreciate all your efforts.

Sincerely,



Barbara Grove
Registered Agent

Barbara Grove
bgfr@bellsouth.net
(407) 908.2274

Catherine Rodriguez
fortherecorder@earthlink.net
(321) 662-0529



Track & Confirm

Current Status

You entered ER13 5626 835U S

Your item was delivered at 5:43 am on May 17, 2004 in TALLAHASSEE, FL 32314. Waiver of signature was exercised at time of delivery.

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Track & Confirm

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Customer Copy
Label 11-B September 2002

ORIGIN (POSTAL USE ONLY)			
PO ZIP Code 32708	Day of Delivery <input checked="" type="checkbox"/> Next <input type="checkbox"/> Second <input type="checkbox"/>	Flat Rate Envelope <input type="checkbox"/>	
Date In Mo. 5 Day 14 Year 04	<input checked="" type="checkbox"/> 12 Noon <input type="checkbox"/> 3 PM	Postage \$ 13.65	
Time In <input type="checkbox"/> AM 1:36 PM	Military <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day	Return Receipt Fee	
Weight lbs. 2.8 ozs.	Int'l Alpha Country Code	COD Fee	Insurance Fee
No Delivery <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday	Acceptance Clerk Initials AJ	Total Postage & Fees \$ 13.65	

DELIVERY (POSTAL USE ONLY)		
Delivery Attempt	Time	Employee Signature
Mo. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM	
Delivery Attempt	Time	Employee Signature
Mo. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM	
Delivery Date	Time	Employee Signature
Mo. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM	

CUSTOMER USE ONLY	
PAYMENT BY ACCOUNT Express Mail Corporate Acct. No.	<input checked="" type="checkbox"/> WAIVER OF SIGNATURE (Domestic Only) Additional merchandise insurance is void if waiver of signature is requested.
Federal Agency Acct. No. or Postal Service Acct. No.	When delivery is to be made without obtaining signature of addressee or addressee's agent (if delivery employee judges that article can be left in secure location) and I authorize that delivery employee's signature constitutes valid proof of delivery.
NO DELIVERY <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday	Customer Signature [Signature]

TO: (PLEASE PRINT)	
PHONE ()	
AMENDMENT SECTION	
DIVISION OF CORPORATION	
P.O. Box 6327	
TALLAHASSEE, FL 32314	
3 2 3 1 4 + 6 3 2 7	

FOR PICKUP OR TRACKING CALL 1-800-222-1811

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PRESS HARD. You are making 3 copies.

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: New Millenium Consulting Group, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P04000066530

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

Please return all correspondence concerning this matter to the following:

Barbara A. Grove
(Name of Person)

(Name of Firm/Company)

429 Blue Jacket Lane
(Address)

Orlando, FL 32825
(City/State and Zip Code)

For further information concerning this matter, please call:

Barbara Grove at (407) 908-2274
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | |
|--|---|
| <input checked="" type="checkbox"/> \$35.00 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status |
| <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy | <input type="checkbox"/> \$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

New Millenium Consulting Group, Inc.
Name of Corporation as currently filed with the Florida Dept. of State

P04000066530
Document Number (if known)

FILED

04 MAY 17 PM 12:55

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 Corporation's name and spelling of officer's name
(Document Type)

filed with the Department of State on April 19, 2004
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

The corporate name is incorrect.

Director's name is incorrect.

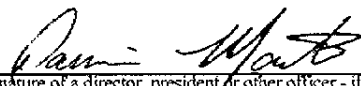
Correct the inaccuracy, incorrect statement, or defect:

Correct corporate name should be:

New Millennium Consultant Group, Inc.

The director's name that appears as Damien Martiro should be spelled as:

Damien Martir


(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.)

Damien Martir
(Typed or printed name of person signing)

President
(Title of person signing)

Filing Fee: \$35.00