

PD41000083329

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TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Oz Enterprises Inc
(Name of Corporation)

DOCUMENT NUMBER: P04000083329

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

Please return all correspondence concerning this matter to the following:

Joan Ginnell
(Name of Person)

(Name of Firm/Company)

12850 W. SR 84 #8-22, 40 Dogwood Lane
(Address)

Davie FL 33325
(City/State and Zip Code)

For further information concerning this matter, please call:

Joan Ginnell at 954 325-5943
(Name of Person) (Area Code & Daytime Telephone Number)

taxsaverjgp@yahoo.com

Enclosed is a check for the following amount:

☒ \$35.00 Filing Fee

☐ \$43.75 Filing Fee & Certified Copy

☐ \$43.75 Filing Fee & Certificate of Status

☐ \$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

OZ Enteriprizes Inc.

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

P04000083329

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 Articles of Incorporation

(Document Type)

filed with the Department of State on 5/25/04

(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

The name of the corporation is
spelled incorrectly

Please change it from
OZ Enteriprizes Inc to

Correct the inaccuracy, incorrect statement, or defect:

correctly spelled

OZ Enterprises Inc.

Robert Henderson

(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.)

Robert Henderson

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35.00

04 JUN - 1 PM 12:03
TALLAHASSEE, FLORIDA
DEPARTMENT OF STATE

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