## P04000129822

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## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations			
SUBJECT: Ramirez Roof	ing Corp.		
DOCUMENT NUMBER: P04000129822			
The enclosed Articles of Correction and fee are subr	nitted for filing.		
Please return all correspondence concerning this ma	tter to the following:		
R. AZAEL RAME OF Pers	mirez		
Ramirez Roof	ng Coep.		
809 South (Address)			
Wachula FL (City/State and Zip	33873		
For further information concerning this matter, please call:			
RAMON RIVERA at (9	41 223 - 0734  (Area Code & Dautina Falenbana Number)		
( or a closs)	(The code & Day into Telephone Nantoer)		
Enclosed is a check for the following amount:	• ,		
S\$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 04 Sto
FAMIVEZ Poofing Copp.  Name of Corporation as currently filed with the Florida Dept of State
Name of Corporation as currently filed with the Florida Dept of State
P04000 129822.  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 Electronic Acticles of Incorporation
filed with the Department of State on Stept. 15, 2004.
Specify the inaccuracy, incorrect statement, or defect:
MISSPELLED NAME ON ARTICLES I, II, and
VII.
Correct the inaccuracy, incorrect statement, or defect:
_
on Articles I, II; and III should be
R. AZAEL RAMITEZ
$\mathcal{P} A \mathcal{P}_{\alpha}$ :
(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)
R. AZAEL RAMINEZ RESIDENT
K. AZAE RAMINEZ (Typed or printed name of person signing)  (Title of person signing)

Filing Fee: \$35.00