

POS000033410

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## TRANSMITTAL LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Alganic Tour & Travel, Inc.  
(Name of Corporation)

DOCUMENT NUMBER: 700047488627

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

Please return all correspondence concerning this matter to the following:

Debra L. Rosado  
(Name of Person)

Alganic Tour & Travel, Inc.  
(Name of Firm/Company)

2962 White Cedar Cr.  
(Address)

Kissimmee, FL. 34741  
(City/State and Zip Code)

For further information concerning this matter, please call:

Debra L. Rosado at (407) 267-3508  
(Name of Person) (Area Code & Daytime Telephone Number)

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

Alganic Tow & Travel, Inc.

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

POS000033410

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

Corporate Filing

(Document Type)

filed with the Department of State on

3/1/05

(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

I want to eliminate the name  
of Nicole Londono from Vice-  
President.

Vice-President

Correct the inaccuracy, incorrect statement, or defect:

[Signature]  
(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.)

Debra L. Rosado  
(Typed or printed name of person signing)

President  
(Title of person signing)

Filing Fee: \$35.00

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TALLAHASSEE, FLORIDA