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(Re	equestor's Name)	
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TRANSMITTAL LETTER

TO:

TO:	Amendment Section Division of Corporations	
SUBJ	ECT: MARIO MACERELLI INC.	Corporation)
DOC	UMENT NUMBER: P05000050174	
The e	nclosed Articles of Correction and fee are	submitted for filing.
Please	return all correspondence concerning this	s matter to the following:
	MARIO MACELLARI (Name c	of Person)
	MARIO MACELLARI INC. (Name of Fi	ırın/Company)
	P.O. Box 10496	dress) (10496)
	P.O. BOX 19496 (Ad Naples, Pr. (City/State)	34102 and Zip Code)
For fu	rther information concerning this matter, p	please call:
MARI	O MACELLARI at (Name of Person)	(239) 289-2628 (Area Code & Daytime Telephone Number)
Enclos	sed 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

MARIO MACERELLI INC.	
Name of Corporation as currently filed with the Florida Dept. of State	
P05000050174 P	
P05000050174	
Document Number (if known)	
Pursuant to the provisions of Section 607.0124 or 617.0124, Florida Statutes, this corporation file 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 APRIL 5, 2005	
(File Date of Document)	
Specify the inaccuracy, incorrect statement, or defect:	
NAME OF CORPORATION SPELLED INCORRECTLY. IT WAS INCORRECTLY SPELLED MAR	īC
MACERELLI INC. IT SHOULD BE SPELLED MARIO MACELLARI INC.	_
	_
	_
	_
Correct the inaccuracy, incorrect statement, or defect:	
MARIO MACELLARI 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.)	
mario macellari Oresi den t	
(Typed or printed name of person signing) (Title of person signing)	_

Filing Fee: \$35.00