

PD50000 5/534

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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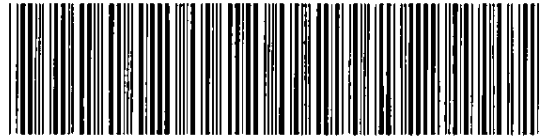
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

INTER AMERICAN CONSULTING PARTNERS, INC

**SUBJECT:** \_\_\_\_\_  
Name of Corporation  
PO5000051534

**DOCUMENT NUMBER:** \_\_\_\_\_

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

Please return all correspondence concerning this matter to the following:

Clarisa Melendez Gonzalez

\_\_\_\_\_  
Name of Contact Person  
INTER AMERICAN CONSULTING PARTNERS, INC  
\_\_\_\_\_  
Firm/Company  
8300 West Flagler Street Suite 115  
\_\_\_\_\_  
Address  
Miami, FL 33144  
\_\_\_\_\_  
City/State and Zip Code  
clary108@gmail.com  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Clarisa Melendez Gonzalez

305

710 7703

\_\_\_\_\_  
Name of Contact Person at ( \_\_\_\_\_ )  
Area Code Daytime Telephone Number

Enclosed 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, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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SECRETARY OF STATE  
TALLAHASSEE, FL

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# ARTICLES OF CORRECTION

For

INTER AMERICAN CONSULTING PARTNERS, INC

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

P05000051534

\_\_\_\_\_  
Document Number (if known)

Pursuant to the provisions of Section 607.0124, Florida Statutes.

Florida Profit Corporation

These articles of correction correct \_\_\_\_\_,  
(Document Type Being Corrected)

04/06/2005

filed with the Department of State on \_\_\_\_\_,  
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

Registered agent name and Title P name is incorrect.

\_\_\_\_\_  
Lists name as Clarisa Gonzalez instead of Clarisa Melendez Gonzalez.

Correct the inaccuracy, incorrect statement, or defect:

The registered agent name and title P name should be changed to Clarisa Melendez Gonzalez.

\_\_\_\_\_  


(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.)

Clarisa Melendez Gonzalez

\_\_\_\_\_  
(Typed or printed name of person signing)

President

\_\_\_\_\_  
(Title of person signing)

Filing Fee: \$35.00

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TALLAHASSEE, FL

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