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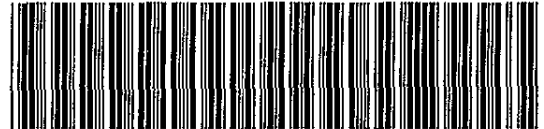
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*Adrian*  
*1/10/06*

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Renata & Luis Menendez, PA  
(Name of Corporation)

**DOCUMENT NUMBER:** P05000164902

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

Please return all correspondence concerning this matter to the following:

Renata Menendez  
(Name of Contact Person)

(Firm/Company)

425 SE 11th Court  
(Address)

Cape Coral, FL 33990  
(City/State and Zip Code)

For further information concerning this matter, please call:

Renata Menendez at 239-415-5359  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |                                                              |                                                                                     |
|--------------------------------------------------------------|-------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> \$35.00 Filing Fee       | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status                 |
| <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy | <input type="checkbox"/> \$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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

# ARTICLES OF CORRECTION

for

Renata & Luis Menendez, PA  
Name of Corporation as currently filed with the Florida Dept. of State

P05000164902  
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 For Profit Corporation,  
(Document Type Being Corrected)

filed with the Department of State on 12/28/2005,  
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

Renata & Luis Menendez, PA

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Correct the inaccuracy, incorrect statement, or defect:

Renata Menendez, PA

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



(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 recorder, trustee, or other court appointed fiduciary, by that fiduciary.)

Renata Menendez  
(Typed or printed name of person signing)

President  
(Title of person signing)

**Filing Fee: \$35.00**