

P06000043086

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** SRINAJI, INC

(Name of Corporation)

**DOCUMENT NUMBER:** P06000043086

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

Please return all correspondence concerning this matter to the following:

DIGISHA AMIN

(Name of Contact Person)

THE RX SHOP

(Firm/Company)

8319 118TH AVE NORTH

(Address)

LARGO, FL 33773

(City/State and Zip Code)

For further information concerning this matter, please call:

DIGISHA AMIN

(Name of Contact Person)

at ( 727 ) 458-4805

(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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

## ARTICLES OF CORRECTION

for

SRINAJI, INC

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

P06000043086

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 COMPANY NAME & PRESIDENT NAME  
(Document Type Being Corrected)

filed with the Department of State on MARCH 24, 2006  
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

SRINAJI, INC (COMPANY NAME)

ANILA AMIN, ( PRESIDENT)

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

Correct the inaccuracy, incorrect statement, or defect:

SRINATHJI, INC ( COMPANY NAME)

RAGHUVIR AMIN (PRESIDENT)

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

Anila Amin

(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.)

ANILA AMIN

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

**Filing Fee: \$35.00**

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TALLAHASSEE, FLORIDA