

P06000052550

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

of corr
N.C.

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: INTERRIERI, CORP.

(Name of Corporation)

DOCUMENT NUMBER: P06000052550

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

Please return all correspondence concerning this matter to the following:

ALEX SORSHER

(Name of Contact Person)

LIBERTY TAX

(Firm/Company)

2500-1 N STATE ROAD 7

(Address)

HOLLYWOOD, FL 33021

(City/State and Zip Code)

For further information concerning this matter, please call:

ALEX SORSHER

(Name of Contact Person)

at (954)

962-0011

(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

INTERRIERRI, CORP.

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

P06000052550

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 Being Corrected)

filed with the Department of State on 04/13/2006

(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

The name of corporation should read INTERIERRI, CORP.

not INTERRIERRI, CORP.

Correct the inaccuracy, incorrect statement, or defect:

INTERIERRI, CORP.

(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.)

Alex Sorsker
(Typed or printed name of person signing)

Rep. Agent
(Title of person signing)

Filing Fee: \$35.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06 APR 28 AM 5:14

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