

PO6000087735

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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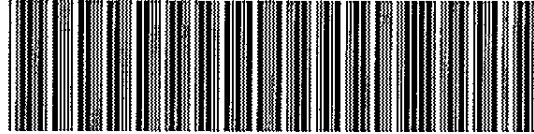
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

Art Con

Roberts JUL 25 2006

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Total Brokers Logistics, Inc.

(Name of Corporation)

DOCUMENT NUMBER: P06000087735

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

Please return all correspondence concerning this matter to the following:

Luis Medina

(Name of Contact Person)

(Firm/Company)

15625 SW 59 Street

(Address)

Miami, Florida 33193

(City/State and Zip Code)

For further information concerning this matter, please call:

Luis Medina

(Name of Contact Person)

at ( 305 ) 386-9898

(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

Total Brokers Logistics, Inc.

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

P06000087735

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 Articles Of Incorporation

(Document Type Being Corrected)

filed with the Department of State on 06/28/2006

(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

The addresses for the corporation, registered agent and officers was typed erroneously

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

Correct the inaccuracy, incorrect statement, or defect:

The correct address for the above should be: 6351 SW 153 Court Road; Miami, Florida 33193

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



(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.)

Emilio Conesa

(Typed or printed name of person signing)

President

(Title of person signing)

**Filing Fee: \$35.00**

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TALLAHASSEE, FLORIDA