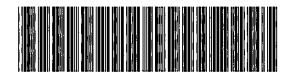
8644000009

uestor's Name)	
(Address)	
ress)	
/State/Zip/Phone	e #)
☐ WAIT	MAIL
iness Entity Nar	me)
ument Number)	
Certificates	s of Status
Special Instructions to Filing Officer:	
	ress) /State/Zip/Phone WAIT iness Entity Nar ument Number) Certificates

Office Use Only



700079935077

09/22/06-01030-022 **43.75



10 th 12 th



COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: Freedom Constru	ction Services, Inc.	
DOCUMENT NUMBER: PO6000) 102428	
The enclosed Articles of Correction and fee	are submitted for filing.	
Please return all correspondence concerning	this matter to the following:	
Trinidad Salinas (Name of Contact Person)		
Freedom Construction S	Services, Inc.	
37 Russen Street		
Teguesta, FL 33469 (City/State and Zip Code)		
For further information concerning this matter, please call:		
Trinidad Salinas (Name of Contact Person)	at (561) 202-4498 (Area Code & Dayrime 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

Freedom Construction Services Inc. Name of Corporation as currently filed with the Florida Dept. of State
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.
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 amendment, (Document Type Being Corrected)
filed with the Department of State on(File Date of Document)
Specify the inaccuracy, incorrect statement, or defect: The Corporation Recently added!
Director name: Trinidad Salina's
but has an incorrect Statement.
Please correct address to the City of Bayal Palm Beach not Wellington.
Correct the inaccuracy, incorrect statement, or defect:
Please correct address
Correct address is: Irinidad Salinas
176 Royal Pine Circle South
Thank Youll
Ofgnature 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.)
Trividad Z. Salinas Director (Title of person signing) (Title of person signing)

Filing Fee: \$35.00