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AV. d Correction 9/6/16

COVER LETTER

Amendment Section Division of Corporations

TO:

Pi A				
SUBJECT: Logic Way Paint	of Corporation)			
DOCUMENT NUMBER: 900796	176859			
The enclosed Articles of Correction and fee ar	e submitted for filing.			
Please return all correspondence concerning th	is matter to the following:			
Judison Rosa de Clivé (Name of Contact Person)	ira-			
Logic Way Painting Jr	VC.			
10674 1015T AVE #2				
SEMINOLE, FL 33772 (City/State and Zip Code)	· · · · · · · · · · · · · · · · · · ·			
For further information concerning this matter, please call:				
Judison de Oliveira (Name of Contact Person)	at (727) 768 - 3494 (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			
Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	treet Address: Amendment Section Division of Corporations Clifton Building 661 Executive Center Circle			

ARTICLES OF CORRECTION

for

Logic Wan Painting Inc		
Name of Corporation as currently filed with the Florida Dept. of State	_	
P060001/286/		
Document Number (if known)		
Pursuant to the provisions of Section 607.0124 or 617.0124, Florida Statutes, this corporation these Articles of Correction within 30 days of the file date of the document being corrected.	files	
These articles of correction correct Avticles of Inav poration (Document Type Being Corrected)		
filed with the Department of State on OB \ 30 \ OG (File Date of Document)		
Specify the inaccuracy, incorrect statement, or defect:		
FORGOT TOADD AN OFFICER		
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Correct the inaccuracy, incorrect statement, or defect:	17	THE STATE
VICE - PRESIDENT = Claudio MARTINS		KS
ADDRESS = same AS company		
	•	
(Signature of a directly) for other officer - if directors or officers have not been selected by anti-corporator - if in the hands of the receiver, trustee, or		
other court appointed fiduciary, by that fiduciary.)		
JUDISON ROSA de Uliveira President		
(Typed or printed name of person signing) (Title of person signing)		

Filing Fee: \$35.00