

FD6000116500

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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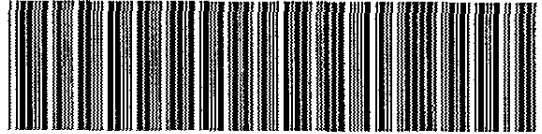
(Business Entity Name)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: YORK SOLUTIONS INC
(Name of Corporation)

DOCUMENT NUMBER: P06000116500

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

Please return all correspondence concerning this matter to the following:

REINALDO CAPIRO

(Name of Contact Person)

YORK SOLUTIONS INC

(Firm/Company)

1490 W 49 PL, SUITE 315

(Address)

HIALEAH, FL 33012

(City/State and Zip Code)

For further information concerning this matter, please call:

JUAN C. SANCHEZ

(Name of Contact Person)

at (305) 812-1816

(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

YORK SOLUTIONS INC

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

P06000116500

Document Number (if known)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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 THE ADDRESS OF THE CORPORATION
(Document Type Being Corrected)

filed with the Department of State on FLORIDA
(File Date of Document)


Specify the inaccuracy, incorrect statement, or defect:

IN THE PETITION OF CORPORATION THE ADDRESS IS
INCORRECT.

Correct the inaccuracy, incorrect statement, or defect:

THE CORRECT ADDRESS IS:

1490 W 49 PL., SUITE 315, HIALEAH, FL 33012


(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.)

REINALDO CAPIRO

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35.00