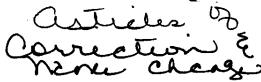
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COVER LETTER

Division of Corporations				
SUBJECT: M & L L DOCUMENT NUMBER: PO700	ogistics. 10 40560			
The enclosed Articles of Correction and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
AZANO GONZalez (Name of Contact Person)				
M and L bosistics				
(Firm/Comparty) (G21) 5W 1/3 CT (Address)				
Migmi K/ 33/73				
For further information concerning this matter, please call:				
(Name of Contact Person)	:			
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	S52.50 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 FILED
Name of Corporation as currently filed with the Florida Dept. of State LAHASSEE, FLORIDA
PO 70 00 4 05 6 0 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 // One of (or org 1) \(\sqrt{Document Type Being Corrected} \)
filed with the Department of State on $\frac{3/3 \circ / 07}{\text{(File Date of Document)}}$.
Specify the inaccuracy, incorrect statement, or defect: Name Office q tion is
Mispelled - It Current/ reads
Correct the inaccuracy, incorrect statement, or defect: (orporation Name Should Be Mand Logistics: The
(Signature of a director, president or other of there - if directors or officers have not been selected, by an incorporator - ight the hands of the receiver, trustee, or other court appointed fiduciary, by that fiduciary.)
AZAKO Con zg lez Vice Vresident (Typed or printed name of person signing) (Title of person signing)

Filing Fee: \$35.00

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