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TO:

TO: Amendment Section Division of Corporations	
SUBJECT: MGA FLOR	ida Enterprises IX. (Name of Corporation)
DOCUMENT NUMBER: POTO	(Name of Corporation) 7 (Name of Corporation) 7
The enclosed Articles of Correction and	fee are submitted for filing.
Please return all correspondence concern	ning this matter to the following:
Maria Sald (Name of Contact Person)	lana
(Name of Conduct Person)	· -
13812 SW 94	St
Mia Mi ZI (City/State and Zip Code)	33184
For further information concerning this	matter, please call:
Maria L. Saldana	at (305) 5598546 (Area Code & Daytime Telephone Number)
(Name of Contact Leasiny	(Area code & Dayano Telephone Number)
Enclosed is a check for the following an	nount:
\$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

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

ARTICLES OF CORRECTION 1 MAY 29 PM 2: 16

for

MGA FLORIDA ENTERPRISES INC. Name of Corporation as currently filed with the Florida Dept. of State
P0100052083 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 ARTICLE (Document Type Being Corrected)
filed with the Department of State on O4 30 200.
Specify the inaccuracy, incorrect statement, or defect: The principal place of business address 22581 5W 103 ct miami 21 33190
22581 SW 103 Ct
mami 21 33190
•
Correct the inaccuracy, incorrect statement, or defect: The principal place of business address 13812 Sw 9st
Miami 18133184
(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.)
Maria C. Saldanon President.
(Typed or printed name of person signing) (Title of person signing)

Filing Fee: \$35.00