## 1000065181

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



800104348528

06/18/07--01005--012 \*\*35.00

07 JUN 18 PM 2:28
SECKETARY OF STATE
TALLAHASSEE, FLORIDA

Me Character on a series of the series of th

## · COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: $\frac{\text{DUXANS}, \frac{1}{\text{Na}}}{\text{DOCUMENT NUMBER:}}$	NC . me of Corporation) 000065181
The enclosed Articles of Correction and fee	are submitted for filing.
Please return all correspondence concerning	g this matter to the following:
Anbar Diaz (Name of Contact Person)	<del></del>
Aubar Diaz	P. A.
782 NW 42 Aug	, Suite 435
City/State and Zip Code)	5126
For further information concerning this mat	ter, please call:
Hubar Diaz (Name of Contact Person)	at ( 305) 244 - 5494 (Area Code & Daytime Telephone Number)
,	
Enclosed is a check for the following amount	nt:
<b>∠</b> \$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

Δ	RTI	CI	ES.	OF	COR	RE	CTI	ON
н	ILA	CL.		OI.	CUN		VII.	$\mathbf{v}_{\mathbf{I}}$

for

O7 JUN 18 PH 2:28

SEURE JARY OF STATE

DUXANS INC

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

P0700065181

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  Articles of Lucoporation,  (Document Type Being Corrected)  filed with the Department of State on   Tule 4 2007  (File Date of Document)
Specify the inaccuracy, incorrect statement, or defect:  On: Hed Rafael Apitz as Via president
Correct the inaccuracy, incorrect statement, or defect:  3134 Rafael Apitz as Via president  Addrew: 18861 SW 79 Ct  Miani, FL 33157
(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.)
Typed or printed name of person signing)  Attorney  (Title of person signing)

Filing Fee: \$35.00