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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: A M	LP INC						
DOCUMENT NUMBER: \$070000 9 1385							
The enclosed Articles of Correction and fee							
Please return all correspondence concerning this matter to the following:							
Alfredo Socor (Name of Contact Person)	mo						
AMUP Inc (Firm/Company)							
95 NW 123 (Address) Hiami Fl (City/State and Zin Code)	Avenue						
Hiani Fl (City/State and Zip Code)	33185						
For further information concerning this matter, please call:							
Alfredo Socorro at (786) 295-0877 (Name of Contact Person) at (Area Code & Daytime Telephone Number)							
(Name of Contact Person)	(Area Code & Daytime Telephone Number)						
Enclosed is a check for the following amou	nt:						
\$35.00 Filing Fee □ \$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						

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Filing Fee: \$35.00