## 40100093779

| (Re                                     | questor's Name)   |             |
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| (Cit                                    | y/State/Zip/Phone | e #)        |
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## **COVER LETTER**

TO: Amendment Section **Division of Corporations** DOCUMENT NUMBER:  $\rho$ The enclosed Articles of Correction and fee are submitted for filing. Please return all correspondence concerning this matter to the following: (Firm/Company) For further information concerning this matter, please call: 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: Street Address:** Amendment Section **Amendment Section** 

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF CORRECTION

for

| Direct Property & Casualty Insurance Name of Conforation as currently filed with the Florida Dept. of State Incorporated   |
|--|
| POTOGO 93779  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 Anewbynew (Document Type Being Corrected)   |
| filed with the Department of State on 1012 (File Date of Document)   |
| Specify the inaccuracy, incorrect statement, or defect:  Number 100 Correct the Mesident   |
| Hector D-Martinez it should  |
| be   |
| Matilde Martinez   |
| Correct the inaccuracy, incorrect statement, or defect:  Kegislevell Happy Should be wiscons the statement of the statement o |
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| (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.)   |
| Matide Martiner Mesident.  (Title of person signing)  (Title of person signing)  |

Filing Fee: \$35.00