# P17000099661

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# **COVER LETTER**

**TO:** Amendment Section Division of Corporations

SUBJECT: CSG CREATIVE DES	IGN INCORF	PORATED	
DOCUMENT NUMBER: P0700009	Name of Corporation)		
The enclosed Articles of Correction and fe		for filing.	
Please return all correspondence concernir	ng this matter to 1	he following:	
CAROLINA M SILVA			
(Name of Contact Person)		-	
CSG CREATIVE GROUP		_	
(Firm/Company)		-	
2520 N DIXIE HWY			
(Address)			
BOCA RATON, FL, 33431		_	
(City/State and Zip Code)  For further information concerning this matter, please call:			
GABRIEL PADILLA	at ( 305	305-7826	
(Name of Contact Person)	(Area Co	ide & Daytime Telephone Number)	
Enclosed is a check for the following amou	unt:		
☐ \$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	Street Address: Amendment Section		
Division of Corporations	Amenament Section Division of Corporations		
P.O. Box 6327	Clifton Building		
Tallahassee, FL 32314 2661 Executive Center Circle			
	Tallahassee, FL 32301		

# ARTICLES OF CORRECTION

for

FILED 2007 SEP 28 AM 9: 55

## **CSG CREATIVE DESIGN INCORPORATED**

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

## P07000099661

Document Number (if known)	
Pursuant to the provisions of Section 607.0124 or 617.0124, Florida these Articles of Correction within 30 days of the file date of the do  These articles of correction correct  ARTICLES OF INCORPO  (Document Type B)  filed with the Department of State on SEPTEMBER 05, 2007  (File Date of Document)	DRATION
Specify the inaccuracy, incorrect statement, or defect: WRONG CORPORATION'S NAME. IT READS: "CSG CREATIVE	E DESIGN INCORPORATED",
SHOULD READ: " CSG CREATIVE GROUP INCORPO	RATED
Correct the inaccuracy, incorrect statement, or defect: CSG CREATIVE GROUP INCORPORATED	
(Signature of a director) president or other officer - if directors or on the begin selected, by an incorporator - if in the hands of the receivant of the dourt appointed fiduciary, by that fiduciary.)	officers have er, trustee, or
CAROLINA M SILVA	PRESIDENT
(Typed or printed name of person signing)	(Title of person signing)

**Filing Fee: \$35.00**