

P07000129712

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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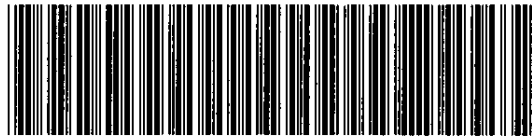
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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G. Goulette DEC 12 2007

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: LCV & ASSOCIATES, P.A.

(Name of Corporation)

DOCUMENT NUMBER: P07000129712

The enclosed Articles of Correction and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

LEE VIACAVA

(Name of Contact Person)

(Firm/Company)

PO BOX 10-1113

(Address)

CAPE CORAL, FLORIDA 33904

(City/State and Zip Code)

For further information concerning this matter, please call:

LEE VIACAVA

(Name of Contact Person)

at (239) 549-5680

(Area Code & Daytime Telephone Number)

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:

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

ARTICLES OF CORRECTION

for

LCV & ASSOCIATES, P.A.

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

P07000129712

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 _____
(Document Type Being Corrected)

filed with the Department of State on **12/06/2007**
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

THE NAME LCV & ASSOCIATES, P.A. IS WRONG.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

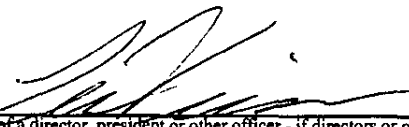
07 DEC 10 AM 8:15

APPROVED
AND
FILED

Correct the inaccuracy, incorrect statement, or defect:

PLEASE CHANGE THE NAME TO: LEE VIACAVA, P.A.

THANK YOU FOR YOUR ATTENTION TO THIS MATTER.


(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.)

LEE VIACAVA

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35.00