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COVER LETTER

TO: Amendment Section Division of Corporations	_			
SUBJECT: LBR Billing & Consulting, Inc (Name of Corporation)				
DOCUMENT NUMBER: P 08000024744				
The enclosed Articles of Correction and fee	are submitted for filing.			
Please return all correspondence concerning	g this matter to the following:			
MIRTA M GARCIA				
(Name of Contact Person)				
ARIES IMMIGRATION & ACCOUNTING				
(Firm/Company)	·-			
2027 WEST 62 STREET	-			
(Address) HIALEAH, FL 33016 (City/State and Zip Code)	· · · · · ·			
For further information concerning this matter, please call:				
MIRTA M GARCIA (Name of Contact Person)	at (305 362-3909 (Area Code & Daytime Telephone Number)			
(mano of contact resort)	_ \(\text{inch code & Dayanie Telephone Palicel)}			
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

LBR Billing & Consulting, Inc	
Name of Corporation as currently filed with the Florida Dept. of State	
P 08000024744	
Document Number (if known)	
Pursuant to the provisions of Section 607.0124 of 617.0124, Florida Statutes, these Articles of Correction within 30 days of the file date of the document between these articles of correction correct ARTICLES OF INCORPORATIO (Document Type Being Corrected) filed with the Department of State on 03/07/2008 (File Date of Document) Specify the inaccuracy, incorrect statement, or defect: NAME: LBK Billing ** Consulting* Consulting* Consulting*	N,
Correct the inaccuracy, incorrect statement, or defect: NAME: LBR Cansulting Servi	STATE COS INC.
- <u> </u>	
(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.)	 "
	SIDENT
(Typed or printed name of person signing)	(Title of person signing)

Filing Fee: \$35.00