P08000028972

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COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: TNTERNATIONAL	TUBS/60 TONS INC. Name of Corporation) 205 2553) - P08000028972
DOCUMENT NUMBER: // å	205 2553/ - PO8000028472
The enclosed Articles of Correction and fe	,
Please return all correspondence concernir	ng this matter to the following:
EFRAIN BENITE (Name of Contact Person)	
INTERNATIONAL INVESTI (Firm/Company) 1481 N.W. North RV	IGATORS, TAC.
1481 N. W. Worth RV	ER DRIVE
MIAMI, FLOMBA 3. (City/State and Zip Code)	3/25
For further information concerning this ma	atter, please call:
EFRAIN BENITEZ (Name of Contact Person)	at (<u>786</u>) <u>975 - 9752</u> (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amo	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 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

TWTERNATIONAL TWESTIGATORS, TWC. Name of Corporation as currently filed with the Florida Dept. of State
(11205 2553) - P08000028972 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 ANTELES OF INCOMPORATION. (Document Type Being Corrected)
filed with the Department of State on (File Date of Document)
Specify the inaccuracy, incorrect statement, or defect:
EFRAIN BENITIZ
EFRAIN BENITIZ (LAST NAME MISPELED)
Correct the inaccuracy, incorrect statement, or defect:
EFRAIN BENITEZ
0.5
29 100
(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.)
(Typed or printed name of person signing) (Typed or printed name of person signing) (Title of person signing)

Filing Fee: \$35.00