

P08000074422

(Requestor's Name)

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(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Lezmar Insurance Agency Inc.  
(Name of Corporation)

DOCUMENT NUMBER: P08000074422

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

Please return all correspondence concerning this matter to the following:

Lester D. Rivera  
(Name of Contact Person)

Lezmar Insurance Agency Inc.  
(Firm/Company)

2861 NW 103 Street  
(Address)

Miami Florida 33147  
(City/State and Zip Code)

For further information concerning this matter, please call:

Lester D. Rivera at (786) 312-7380  
(Name of Contact Person) (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

Lezmar Insurance Agency

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

P08000074422

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 NAME OF the business need to be corrected

(Document Type Being Corrected)

filed with the Department of State on August 08, 2008

(File Date of Document)

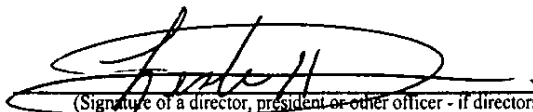
Specify the inaccuracy, incorrect statement, or defect:

The Name of the business is incorrect  
miss spelled. Lezmar Insurance Agency  
Inc. needs to corrected.

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08 SEP -5 PM 2:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Correct the inaccuracy, incorrect statement, or defect:

Please update and correct business  
Name to Lezmar Insurance Agency Inc.



(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.)

Lester D. Rivera

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35.00