

PO8000077147

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies

Certificates of Status

Special Instructions to Filing Officer:

Office Use Only



700135081667

09/08/08--01046--006 **43.75

Art of Law/NC

FILED

08 SEP - 8 PM 1:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 11 2008
T. Roberts

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Probate Liquidation Services Inc.
(Name of Corporation)

DOCUMENT NUMBER: _____

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

Please return all correspondence concerning this matter to the following:

Diana P. Ramirez

(Name of Contact Person)

Probate Liquidation Services Inc.

(Firm/Company)

727 Tuscanny St.

(Address)

Brandon, FL 33511

(City/State and Zip Code)

For further information concerning this matter, please call:

Diana P. Ramirez

(Name of Contact Person)

at (813) 842-0476

(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

DISCLOSURE

813-842-0476

NOT RECORDED

1993

ARTICLES OF CORRECTION

for

Probate Liquidation Services Inc.

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

Document Number (if known)

FILED
08 SEP -8 PM 1:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 Corporate Name

(Document Type Being Corrected)

filed with the Department of State on August, 19 2008

(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

Corporate Name "Probate Liquidation Services, Inc."

Correct the inaccuracy, incorrect statement, or defect:

Corporate name must be "NorthStar Probate Liquidators, 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.)

Diana P. Ramirez

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35.00