# P08000108942

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# **COVER LETTER**

**TO:** Amendment Section Division of Corporations

SUBJECT: SPECIALTY MERCHANT OF SOUTH FLORIDA INC (Name of Corporation)		
DOCUMENT NUMBER: P0800010		
The enclosed Articles of Correction and for		
Please return all correspondence concerni	ng this matter to the following:	
BALWANT CHEEMA		
(Name of Contact Person)		
BALWANT CHEEMA, CPA (Firm/Company)		
8301 NW 197TH STREET (Address)		
MIAMI, FL 33015 (City/State and Zip Code)	<u> </u>	
For further information concerning this m	natter, please call:	
BALWANT CHEEMA (Name of Contact Person)	at ( 305 829-2252 (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amo		
<b>✓</b> \$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	

# ARTICLES OF CORRECTION

for

## SPECIALTY MERCHANTS OF SOUTH FLORIDA INC

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

### P08000108942

Document Number (if known)	
Pursuant to the provisions of Section 607.0124 or 617.0124, Florida Statutes, this these Articles of Correction within 30 days of the file date of the document being	s corporation files g corrected.
These articles of correction correct ARTICLES OF INCORPORATION (Document Type Being Corrected)	,
filed with the Department of State on 12/17/2008  (File Date of Document)	
Specify the inaccuracy, incorrect statement, or defect:  NAME OF COMPANY WAS REGISTERED WITH THE NA	ME OF
SPECIALTY MERCHANTS OF SOUTH FLORIDA INC. (ARTICLE	Ξ1)
Correct the inaccuracy, incorrect statement, or defect:  COMPANY NAME SHOULD BE SPECIALTY MERCHANT OF SOUT	TH FLORIDA INC.
(ARTICLE I)	
(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.)	
ESTEBAN GIUGOVAZ PRESI	DENT

(Typed or printed name of person signing)

(Title of person signing)

Filing Fee: \$35.00