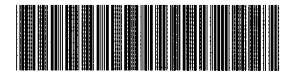
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(Re	questor's Name)	
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ASSEE, FLORID

Correction W/NC B 5/21/09

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: BUY HERE PA	H HERE CARS OF JAX IN
DOCUMENT NUMBER: PO 9 Ø	00033178
The enclosed Articles of Correction and fee	
Please return all correspondence concerning	g this matter to the following:
Oriola Lukaj Name of Contact Person	
Rozafa Auto Sale	SInc.
9944 Beach Blvd	•
Jacksonville, FL 32	2246
alexandera rozafat E-mail address: (to be used for future annual rep	ort notification) Com
For further information concerning this ma	tter, please call:
Oriola Lukaj Name of Contact Person	at (904) 233-4558 Area Code & Daytime Telephone Number
Enclosed is a check for the following amou	int:
\$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

BUY HERE PAY HERE CARS OF JAX WC Name of Corporation as currently filed with the Florida Dept. of State
PØQØØØ3317-8 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 Electronic Articles of Incor, poration (Document Type Being Corrected)
filed with the Department of State on April 3, 2009.
Specify the inaccuracy, incorrect statement, or defect:
Name of business/ontity
7.0. C.
92 5

Correct the inaccuracy, incorrect statement, or defect: Name of business/entity is to be: ROZAFA AUTO SALES INC
(Signature of a director, president of 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.)
Oriola Lukaj (Typed or printed name of person signing) President (Title of person signing)

Filing Fee: \$35.00