P09000036140

(Re	equestor's Name)	
(Ac	ddress)	
(Ad	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(В	usiness Entity Nan	ne)
(Do	ocument Number)	•
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		
		·





800156006148

05/15/09--01031--025 **35.00





COVER LETTER

TO: Amendment Section

Division of Corporations	
SUBJECT: La Jode DOCUMENT NUMBER: Pogo	Grocery Store /wc
The enclosed Articles of Correction and fee	7
Please return all correspondence concerning	-
Frantz Dorsai	_
La Jude Gracery Firm/Company 3158 N DIYI Address	Store /NC
	e Hwy
Boca Raton FL - City/State and Zip Code	33431
E-mail address: (to be used for future annual representation concerning this ma	
Hex Aliewicz Name of Gontact Person	·
Enclosed is a check for the following amou	
\$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

LA JUDE GROCERY STORE /NC 30 8 Name of Corporation as currently filed with the Florida Dept of State
P09000036140
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 An Ticles (Documen Type Being Corrected)
filed with the Department of State on \(\frac{123 \ 09}{\text{(File Date of Document)}} \).
Specify the inaccuracy, incorrect statement, or defect: The spelling of the corporate name La Jude 15 mars 1000000000000000000000000000000000000
Correct the inaccuracy, incorrect statement, or defect: The COTTECT Name Should Be
La Judee Grocery Store INC
The wante should contain 2 re's NOT ONC.
(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)
Frantz Dorsginuil (Typed or printed name of person signing) Pres. (Title of person signing)

Filing Fee: \$35.00