(Re	equestor's Name	e)
,	34400ts1011am	~,
(Ac	ddress)	
(Ad	ddress)	
(Ci	ty/State/Zip/Pho	one #)
PICK-UP	☐ WAIT	MAIL
e Anno 1980 - Albertaine	and the second of the second o	atta a kara a karangan
	usiness Entity N	
energijas, karalis kar Karalis karalis karali	er james er	The second secon
(De	ocument Numbe	er)
Carrier Shirt in the America		
6 m		
Certified Copies	Certificat	tes of Status
Certified Copies	Tok in the NGC of the Court of the State of	ing and the first of the second
Special Instructions to	Filing Officer:	
٠		

Office Use Only



800157833038

06/29/09--01008--024 **35.00

COVER LETTER

Division of Corporations				
SUBJECT: ADVAR	Inc			
SUBJECT: ADVAR Inc DOCUMENT NUMBER: PO 90000 54931				
The enclosed Articles of Correction and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
James Amira				
A A				
ADVAR				
445 Sw 81 5t	Ave			
445 Sw 815+ Ave Address MIGNI FL 33144				
City/State and Zip Code James Amila C E-mail address: (to be used for future annual rep				
For further information concerning this matter, please call:				
James Amira Name of Contact Person	at (737) 600 9307			
Enclosed is a check for the following amou	nt:			
\$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
ADVAR INC.
Name of Corporation as currently filed with the Florida Dept. of State
P09000054931 = 3
五世 2
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 Office R DIRECTOR (Bocument Type Being Corrected)
filed with the Department of State on $6/25/09$ (File Date of Document)
Specify the inaccuracy, incorrect statement, or defect:
There is no officer Director
listed
Correct the inaccuracy, incorrect statement, or defect:
Please ADD: James M Amira AS
Please ADD: James M Amira AS President and sole officer ADDRESS: 445 Sw 81 st Ave maini fl 33444
ADDRESS: 445 SW 81 5 Ave
maini FL 33144
(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.)
James M Anira President

Filing Fee: \$35.00