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SECRETARY OF STATIONS
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COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: Luis Be	roncen Corp. me of Corporation 7 CCC	
DOCUMENT NUMBER: P0900067098		
The enclosed Articles of Correction and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Lorena Feldman Name of Contact Person		
Serber & Associales PA		
2875 NE KIST STR	ect; #801	
aventura, FL 33180 City/State and Zip Code		
LFD Serberlaw Firm. Com E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Livera Feldinan Name of Contact Person	at (305) 933-6262 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	

ARTICLES OF CORRECTION

for

OS ALE TO MADE SALES

Name of Corporation as currently filled with the Florida Bept. of State
PO9DDD 676 98 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 Attus of the Being Corrected)
filed with the Department of State on
Specify the inaccuracy, incorrect statement, or defect:
THE COMPECT NAME OF THE DIRECTOR OF THE
CORP IS: "GREGORIO LUIS BERKMAN" INSTERS
of "Luis BERMAN."
Correct the inaccuracy, incorrect statement, or defect:
CORRECT NAME OF DIRECTOR: GREGORIO Lui'S
BERKMAN."

(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.)

LORENA FELOMAN REGISTERED AGENT Thwrparator
(Typed or printed name of person signing)

Filing Fee: \$35.00

(Title of person signing)