

PO9000068304

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

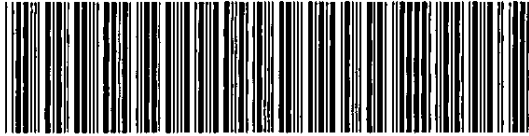
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA  
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Art Correction  
@ 8/30/09

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Romo Ministries, Inc.

Name of Corporation

**DOCUMENT NUMBER:** P09000068304

The enclosed Articles of Correction and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

David W. Southwell, CPA

Name of Contact Person

David W. Southwell, PLLC

Firm/Company

16191 NW 57th Avenue

Address

Miami, Florida 33014

City/State and Zip Code

david@southwellcpa.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David W Southwell

Name of Contact Person

at ( 305 ) 621-0220

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

**Romo Ministries, Inc.**

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

**P09000068304**

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 P09000068304  
(Document Type Being Corrected)

filed with the Department of State on August 13, 2009  
(File Date of Document)

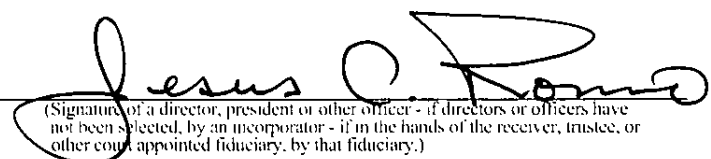
Specify the inaccuracy, incorrect statement, or defect:

Name of Officer misspelled  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Correct the inaccuracy, incorrect statement, or defect:

Name of Officer should be Jesus Romo  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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TALLAHASSEE, FLORIDA  
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(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.)

Jesus Romo  
(Typed or printed name of person signing)

President  
(Title of person signing)

**Filing Fee: \$35.00**