

P090000085902

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

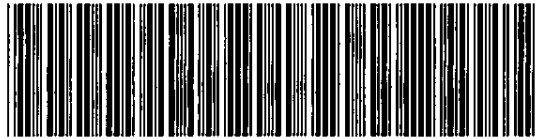
Certified Copies ☒

Certificates of Status ☒

Special Instructions to Filing Officer:

Corrected document
by telephonic call
on 12/4/09

Office Use Only



400162756754

11/16/09--01011--021 **52.50

Amend

FILED

09 DEC -3 AM 11:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 18, 2009

EMIE CAPERS
6345 S.W. 58TH CT
MIAMI, FL 33143

SUBJECT: TO US THRU US, INC.
Ref. Number: P09000085902

We have received your document for TO US THRU US, INC. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Articles of Correction must be filed within 30 days of the file date of the document that is being corrected. As the time period for filing Articles of Correction has expired, an amendment to the articles of incorporation could be filed at this time.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6892.

Tina Roberts
Regulatory Specialist II

Letter Number: 709A00035896

RECEIVED
NOV 23 AM 10:00
TALLAHASSEE
DIVISION OF CORPORATIONS

L

TO: Amendment Section
Division of Corporations

SUBJECT: "TO US, THRU US" Inc.
Name of Corporation

DOCUMENT NUMBER: ~~B~~ P09000685902

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

Please return all correspondence concerning this matter to the following:

ERNIE CAPERS

Name of Contact Person

Firm/Company

6345 S.W. 58th CT.

Address

MIAMI, FLA. 33143

City/State and Zip Code

CAPERS.68@GMAIL.COM

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

For further information concerning this matter, please call:

GRNIE CADERS

Name of Contact Person

at (786) 283 0811

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

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: TOO US, THRU US INC.

DOCUMENT NUMBER: PO9006085902

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ERNIE CAPERS
Name of Contact Person

TOO US, THRU US
Firm/ Company

6345 S.W. 58TH CT.
Address

MIAMI, FLA. 33143
City/ State and Zip Code

CAPERS 68 AT GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ERNIE CAPERS at (786) 283 0811
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is enclosed) | <input type="checkbox"/> \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy is enclosed) |
|--|--|--|---|

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

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

(Document Number of Corporation (if known))

A. If amending name, enter the new name of the corporation:

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Name of New Registered Agent:

Ernie Capers

New Registered Office Address:

(Florida street address)

_____, Florida

(City)

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
PD	Ernie Capers	6345 SW 5th Ct Miami, FL 33143	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input checked="" type="checkbox"/> Chg Name
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:

(if not applicable, indicate N/A)

The date of each amendment(s) adoption: 11/21/09
(date of adoption is required)

Effective date if applicable: _____
(no more than 90 days after amendment file date)

NAME ONLY
AMENDMENT

Adoption of Amendment(s) (CHECK ONE)

☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval

by _____."
(voting group)

☒ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated 11/21/09

Signature Ernie Capers

(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

ERNIE CAPERS

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)