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COVER LETTER

| TO: Amendment Section Division of Corporations | | |
|---|--|--|
| • | Vianofin Sales + Service Inc. | |
| DOCUMENT NUMBER: PO 90009 21 7 9 | | |
| The enclosed Articles of Correction and fee are submitted for filing. | | |
| Please return all correspondence concerning this matter to the following: | | |
| Tin A. SHANE EST. Name of Contact Person 7 | | |
| Tim A. SHANE P | <i>p</i> | |
| 621 NW 53 Address # | | |
| BOCA RATUR KL City/State and Zip Code | 33487 | |
| 8 HPNE Ting + ROL COM E-mail address: (to be used for future annual report notification) | | |
| For further information concerning this matter, please call: | | |
| Name of Contact Person | at (S6/) 886-5590 Area Code & Daytime Telephone Number | |
| Enclosed is a check for the following amou | ent: | |
| \$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

| DLL HUMS ANdrufing Sales & Service Inc. Name of Corporation as currently filed with the Florida Dept. of State |
|--|
| P0 9 0 0 0 9 2 1 7 9 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 NRTICLES of Interpretation of I |
| (Orist Ju Spivey) · Remore |
| Correct the inaccuracy, incorrect statement, or defect: Tin A. SHANK 621 N.W. 53 St. #420 - PD BUCA PATICIX ARTICIX |
| Konneth Mooney 4047 Nest's Androns AM VP OAKL AND PARK, FL 33307 |
| (Signature of 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.) |
| Tim W. SHAVE (Typed or printed name of person signing) (Title of person signing) (Title of person signing) |

Filing Fee: \$35.00