## P090000092874

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

AH Correction Name chs

## **COVER LETTER**

TO: Amendment Section Division of Corporations	
SUBJECT: YAUC DOCUMENT NUMBER: PO	Havort Coteteria: Name of Corporation Conso
	-1000b -100 rq
The enclosed Articles of Correction and	fee are submitted for filing.
Please return all correspondence concern	ing this matter to the following:
Josefin Gol Name of Contact Person	DA/es
Firm/Company	
2291. D.D. 3l	251
Misami ) City/State and Zip Code	33142.
E-mail address: (to be used for future annual	report notification)
For further information concerning this m	natter, please call:
Josefica GONZALEZ	at ( at ()  Area Code & Daytime Telephone Number
Enclosed is a check for the following amo	ount:
\$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

La You Dostaviant Catetieria Pizer;  Name of Corporation as currently filed with the Florida Dept. of State  Currons, Inc.	α.
PO9000 92874 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	
filed with the Department of State on  (File Date of Document)	
Specify the inaccuracy, incorrect statement, or defect:	
Please correct name to read	
_ La LLAVE Bistaurant Cateteria	۸,
Pizeria Cumana, Inc., It was spelled	<u>d</u>
ha face.	
Correct the inaccuracy, incorrect statement, or defect:  Please correct name to read  ha have restaurant Cafeteria  Pizzeria Cubana Inc.	
(Signaluse 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 ather court appointed fiduciary, by that fiduciary	SECRETARY OF STATE
(Typed or printed name of person signing)  (Title of person signing)	5

Filing Fee: \$35.00