P09000094320

(Re	equestor's Name))
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phon	ne #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Na	me)
(Document Number)		
Certified Copies	_ Certificate	s of Status
Special Instructions to Filing Officer:		
	•	

Office Use Only



600163066846

12/04/09--01022--026 **35.00

2009 DEC -4 AH 8: 19
SECRETARY OF STATE

Correction

DEC 1 0 2009

COVER LETTER

TO: Amendment Section Division of Corporations	···•
SUBJECT: LABBE IMPORT CO	RP
DOCUMENT NUMBER: P0900009	4320
The enclosed Articles of Correction and fe	ee are submitted for filing.
Please return all correspondence concerning	ng this matter to the following:
MONICA DE LOS RIOS Name of Contact Person	<u> </u>
AMERICAS TILE	
Firm/Company	
4100 N POWERLINE ROAD N3	
POMPANO BEACH, FL 33073 City/State and Zip Code	
MONICA.DELOSRIOS@SOFTTEK.C	
For further information concerning this ma	atter, please call:
MONICA DE LOS RIOS Name of Contact Person	at (954) 288-0223 Area Code & Daytime Telephone Number
Enclosed is a check for the following amo	unt:
✓ \$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

F11	
ARTICLES OF CORRECTION	/ \s
for $\mathcal{E}_{\mathcal{C}}$	تم
ARTICLES OF CORRECTION for Labbe Import Corp TALLAHARA AM 8: Name of Corporation as currently filed with the Florida Dept. fof State	و/
E. Floare	
P0900094320 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.	r
These articles of correction correct Articles of Incorporation	
filed with the Department of State on 11/17/2009 (File Date of Document)	
Specify the inaccuracy, incorrect statement, or defect:	
PRESIDENT: SANTIAGO LABBE (SANTIAGO WAS THE CITY OF CHILE)	
VICE-PRESIDENT: FRANCISCO CHILENA (CHILENA WAS THE NATIONALITY)	
ALSO TITLES OF BOTH INDIVIDUAL WERE INVERTED.	
	_
	_
Correct the inaccuracy, incorrect statement, or defect:	
PRESIDENT SHOULD BE: FRANCISCO JAVIER LABBE	
VICE-PRESIDENT SHOULD BE: ALEJANDRO LABBE	
	_
	_
	_
	_
(Signature of a director, president or other officer - if directors or officers have	
of the receiver, the second of the receiver of the receiver, trustee, or other court appointed fiduciary, by that fiduciary.)	
SERGIO SOSA TREASURER	
(Typed or printed name of person signing) (Title of person signing)	_

Filing Fee: \$35.00