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COVER LETTER

TO: Amendment Section Division of Corporations	•
SUBJECT: KLTBIZ.INC	me of Corporation
DOCUMENT NUMBER: P09000	094740 - NEW
The enclosed Articles of Correction and fee	are submitted for filing.
Please return all correspondence concerning	this matter to the following:
KAREN LIMSANG Name of Contact Person	
KLT BIZ. IW.	
16947 SW 163 PL	-
MIAMI, FL 33187 City/State and Zip Code	
KAUTEEBANGOURNE E-mail address: (to be used for future annual repo	ort notification)
For further information concerning this mat	ter, please call:
KAPEN LIMSANG Name of Contact Person	at (305) 256-7615 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount	nt:
☑ \$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

DIVISION DE CORPORATIONS 09 DEC -2
09 DEC -2
09 DEC -2 AM 9: 08

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

NEW-P0900094740 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 KIT BIZ. INC (Document Type Being Corrected)
filed with the Department of State on 11-18-09.
Specify the inaccuracy, incorrect statement, or defect:
PLEASE CHANGE THE NAME OF THE
CORPORATION FROM KLTBIZ INC TO
KTL BIZ. INC.
KLTBIZ. INC.
Correct the inaccuracy, incorrect statement, or defect:
CORRECT NAME SHOWD BE
KTLBIZ. INC.
(Signature of a director, president or other officer - if directors of officers have not been selected, by an incorporator - if in the hands of the receiver, trustee, or other court appointed fiduciary, by that fiduciary.)
KAREN LIMSANG PRESIDENT (Typed or printed name of person signing) (Title of person signing)

Filing Fee: \$35.00