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## **COVER LETTER**

Amendment Section Division of Corporations

TO:

SUBJECT: Midea Latin America Corp.			
Name of Corporation			
DOCUMENT NUMBER: P09000095	5525		
The enclosed Articles of Correction and fee	are submitted for filing.		
Please return all correspondence concerning	this matter to the following:		
Michele B. Softness, Esquire			
Isicoff Ragatz & Koenigsberg			
Firm/Company			
1200 Brickell Avenue, Suite 1900	)		
Miami, Florida 33131  City/State and Zip Code			
softness@irlaw.com			
E-mail address: (to be used for future annual repo	ort notification)		
For further information concerning this mat	ter, please call:		
Michele B. Softness, Esquire  Name of Contact Person	at ( 305 ) 373-3232  Area Code & Daytime Telephone Number		
Enclosed is a check for the following amount:			
X \$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

Midea	Latin America Corp.		
<del> </del>	Name of Corporation as cu	rrently filed with the Florida Dept. of State	_
	P090000955	25	
		ent Number (if known)	
Pursuant to the providese Articles of Co	visions of Section 607.012 prection within 30 days or	24 or 617.0124, Florida Statutes, this corporation f f the file date of the document being corrected.	iles
These articles of co	rrection correct Articl	es of Incorporation (Document Type Being Corrected)	
filed with the Depar	tment of State on 11/2		
Specify the inaccura	acy, incorrect statement, o	or defect:	
•	ce President and Tr		
1-14			
	-		
			<del>-</del>
Correct the inaccure	ov incorrect statement o	r defects on 12 2	OD DEC
Vice Preside		r defect: Should read:	=
VICE FIESIC			P
	Last Name: Wang		
	First Name: Jian	lin	<u>+</u> ;
Treasurer			
	Last Name: Wang		
	First Name: Youdo	ong	
-	(Signature of director, presider not been selected, by an incorp other court appointed fiduciary	nt or other officer - if directors or officers have orator - if in the hands of the receiver, trustee, or , by that fiduciary.)	
Jun Li	8/	Secretary	
(Typed or	printed name of person signing)	(Title of person signing)	

SECRETARY OF STATE TALLAHASSEE, FLORIBA

Filing Fee: \$35.00