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COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: ARGIPIBE, CORP. Name of Comporation		
DOCUMENT NUMBER: P 09 0	00097247	
The enclosed Articles of Correction and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
JORGE MELLA Name of Contact Person	· ·	
. Firm/Company		
18051 NW 68Th AVE # K 202		
Miami Fl 33015 City/State and Zip Code		
E-mail address: (to be used for future annual re	port notification)	
For further information concerning this matter, please call:		
JORGE MELIA Name of Contact Person	at (305) 216 - 1786 Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount	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	

ARTICLES OF CORRECTION •	
for	09 DEC
A RGIPIDE CORP Name of Corporation as currently filed with the Florida Dept. of State i Page 2000 97247	09 DEC 11 AMII: 16
P09000 97247 Document Number (if known)	TECHNASSEE. FLORIDA
Pursuant to the provisions of Section 607.0124 or 617.0124, Florida Statute these Articles of Correction within 30 days of the file date of the document	es, this corporation files being corrected.
These articles of correction correct Articles of Theoret	2010U,
filed with the Department of State on 12 - 01 - 09 (File Date of Document)	
Specify the inaccuracy, incorrect statement, or defect: (1) Name of Incorporator ((2) Name of Office (P) (Jose	Jose Mella) Mella)
Correct the inaccuracy, incorrect statement, or defect: (Dhome of incorporation on Should Read Jorge Mella	Article VI
Drane of President on Arti	cle III
(Signature of a director president or other officer - if directors or officers hav not been selected, by an incorporator - if in the hands of the receiver, trustee, other court appointed fiduciary, by that fiduciary.)	e or
JORGE MELIA (Typed or printed name of person signing)	Presiclen 1. (Title of person signing)

Filing Fee: \$35.00