P10000026816

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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: EL QURZAL NIGHTCLUB Name of Corporation		
DOCUMENT NUMBER: 910000 26816		
The enclosed Articles of Correction and fee are submitted for filing.		
Please return all correspondence concerning	g this matter to the following:	
KATHY LONG Name of Contact Person		
PERMITTING SPECIALIST OF FOOD & BEVERAGE INC Firm/Company		
1334 SE 3RD STREET Address		
CAPE CORAL, FL 33990 City/State and Zip Code		
PSFB@EMBARQMAIL COM E-mail address: (to be used for future annual rep	ort notification)	
For further information concerning this matter, please call:		
KATHY LONG Name of Contact Person	_ at (239) 850-9451Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount:		
☑ \$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

Name of Corporation as currently filed with the Florida Dept. of State
P10000036816 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 <u>ARTICLES OF INCORPORATION</u> (Document Type Being Corrected)
filed with the Department of State on MARCH 26, 2010 (File Date of Document)
Specify the inaccuracy, incorrect statement, or defect:
SPELLING OF THE CORPORATE NAME WAS INCORRECT.
>
Correct the inaccuracy, incorrect statement, or defect:
THE SPELLING OF THE CORPORATE NAME SHALL BE AS FOLLOWS:
EL QUETZAL NIGHTCLUB. INC.
(Signature of a director, president or other officer - if directors or officers have not been effected, by an incorporator - if in the hands of the receiver, trustee, or other court appointed fiduciary, by that fiduciary.)
JOSE ARELLANO (Typed or printed name of person signing) (Title of person signing)

Filing Fee: \$35.00