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## **COVER LETTER**

TO: Amendment Section Division of Corporations			
SUBJECT: CUSING POR	Parts Corp me of Corporation		
DOCUMENT NUMBER: PLOC	00026858		
The enclosed Articles of Correction and fee are submitted for filing.			
Please return all correspondence concerning	g this matter to the following:		
Cirettel Coto Name of Contact Person			
Cucina Por Parts Finn/Company			
740 West 2Th Street			
Hialcah, FL 3 City/State and Zip Code	3010		
Opaccabinets@bellouth.net E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Odalis Padron Name of Contact Person	at (305) 885-7092  Area 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		

## ARTICLES OF CORRECTION

for
Name of Corporation as currently filed with the Florida Dept. of State
P100002 U858  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 correctArticles of Incorporation, (Document Type Being Corrected)
filed with the Department of State on Mar. 210, 2010.  (File Date of Document)
Specify the inaccuracy, incorrect statement, or defect:
cusing - spelled incorretly
Correct the inaccuracy, incorrect statement, or defect:
<u>Cucina - spelled correctly</u>
(Signature of a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of the receiver, trustee, or other court appointed fiduciary, by that fiduciary.)
other court appointed fiduciary, by that fiduciary.)

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Filing Fee: \$35.00

(Typed or printed name of person signing)