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i i	*TO: Amendment Section Division of Corporations	`tb-			
	SUBJECT: TRFLA INC Name of Corporation				
	DOCUMENT NUMBER:				
	The enclosed Articles of Correction and fee are submitted for filing.				
	Please return all correspondence concerning this matter to the following:				
	Ry Avalon Name of Contact Person				
	Avalon Accounting, Inc				
	1500 University Dr Ste 115				
	Loral Speen 45 Fl. 33071 City/State and Zip Code				
	E-mail address: (to be used for future annual report notification)				
	For further information concerning this matter, please call:				
	Py Avalor Name of Contact Person	at (954) 345-4648 Area Code & Dayrime 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

TRFLA, INC Name of Corporation as currently filed with the Florida Dept. of State		
Name of Corporation as currently filed with the Florida Dept. of State		
Poodoo 34 7 2 4/ Document Number (if known)		
Pursuant to the provisions of Section 607.0124 or 617.0124, Florida Statutes, these Articles of Correction within 30 days of the file date of the document be		
These articles of correction correct Profit Carporation (Document Type Being Corrected)	,	
filed with the Department of State on April 28 2016 (File Date of Document)	•	
Specify the inaccuracy, incorrect statement, or defect:		
Name incorrect		
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Correct the inaccuracy, incorrect statement, or defect:	4	P
DRFLA, INC		
$\sim 11/\rho$		
(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 count appointed fiduciary, by that fiduciary.)		
R. Andro	Seine de 1	
(Typed or printed name of person signing)	(Title of person signing)	

Filing Fee: \$35.00