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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

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SUBJECT: TLHB Inc.	Name of Corporation		
DOCUMENT NUMBER: p10000067	·		
The enclosed Articles of Correction and for			
Please return all correspondence concerning	ing this matter to the following:		
•		-	
Duong Tran  Name of Contact Person			
Traine of Contact Foroci			
TnT Perfect Services	<u> </u>		
Firm/Company			
18554 Anchor Dr	*		
Address			
Base Paten El 22409			
Boca Raton,FI 33498 City/State and Zip Code			
tnt@younail.com		٠,	
E-mail address: (to be used for future annual re	report notification)		
For further information concerning this m	natter, please call:		
Duong Tran	at ( 561 ) 488-3299		
Name of Contact Person	Area Code & Daytime Telephone Number		
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Enclosed is a check for the following amo			
☑ \$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:	Street Address:		
Amendment Section	Amendment Section		
Division of Corporations P.O. Box 6327	Division of Corporations  Clifton Building		
Tallahassee, FL 32314	2661 Executive Center Circle		

Tallahassee, FL 32301