

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
<u></u>		

Office Use Only

9/1/0



500184961615

09/03/10--01008--011 \*\*35.00

AHASSEE, FLARIBA

7010 SEP -3 AM 9: 2

## · COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: Dago berto Lan	dica Dina ine	
DOCUMENT NUMBER: \$\frac{100000 69917}{}		
The enclosed Articles of Correction and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Dagsberto Penak Name of Contact Person	<u> </u>	
Dagoberto Landscaping Inc		
4611 Merlie Pl		
Lake worth FZ City/State and Zip Code	33463	
Dags berto Landscaping 2009 (8) Hot mail. com E-mail address: (10 be used for future annual report notification)		
For further information concerning this matter, please call:		
Dagobert Penak	at (561) 574-7724  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 Tallahassee, FL 32301	

## ARTICLES OF CORRECTION

The state of the s for 100000 69 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 filed with the Department of State on Specify the inaccuracy, incorrect statement, or defect: Correct the inaccuracy, incorrect statement, or defect:

> (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

Filing Fee: \$35.00