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Articles of Correction

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COVER LETTER

..TO: Amendment Section Division of Corporations

SUBJECT: CONFECCIONES O D INC Name of Corporation		
DOCUMENT NUMBER: P100	•	
The enclosed Articles of Correction and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
MAGALY CONDAINS		
MAGALY GONZALEZ Name of Contact Person		
M & M ACCOUNTING SERVICE		
Firm/Company		
5370 PALM AVE STE:#9		
Address		
HIALEAH, FL 33012 City/State and Zip Code		
gonzalez1948@yahoo.com E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
MAGALY GONZALEZ Name of Contact Person	at (305) 557–1662 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

for

CONFECCIONES O D INC	
Name of Corporation as currently filed with the Florida Dept of State	19 M W
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P10000096207	
Document Number (if known)	100% O
	ا بن ایگ ایک
Pursuant to the provisions of Section 607.0124 or 617.0124, Florida Statute these Articles of Correction within 30 days of the file date of the document	being corrected:
These articles of correction correct CORPORATION (Document Type Being Correct (Document Type Being Correct))	ted)
filed with the Department of State on NOVEMBER 29, 2010 (File Date of Document)	<u></u> ·
Specify the inaccuracy, incorrect statement, or defect:	
Effective date November 24, 2010	
Correct the inaccuracy, incorrect statement, or defect:	
Effective date is January 1st, 2011	
,	
(Signature of a phector, president or other officer - if directors or officers ha not been selected, by an incorporator - if in the hands of the receiver, trusted	ve e, or
other court appointed fiduciary, by that fiduciary	
OCCAD II DTAZ	PRESIDENT
OSCAR H DIAZ (Typed or printed name of person signing)	(Title of person signing)

Filing Fee: \$35.00

(Title of person signing)