## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H110001149943)))



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : AMBAR DIAZ, P.A.

Account Number : I20110000016

Phone : (305)476-8100 Fax Number : (305)476-8788

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## **COVER LETTER**

TO: Amendment Section Division of Corporations	
SUBJECT: M&A MUltis	Berivels, INC.
DOCUMENT NUMBER: ? 1100	0036456
The enclosed Articles of Correction and fee	e are submitted for filing.
Please return all correspondence concerning	g this matter to the following:
Name of Contact Person	<u>'00'</u>
MEA MUH'S	ervice, Inc.
901 N. Ditie H	my Sulte 11
Zake Worth	FL 33960
E-mail address: (to be used to fully a annual rep	ort notification)
For further information concerning this mat	
Marka Marejan	at (56) 201 - 063 >
Enclosed is a check for the following amount	nt:
☐\$35.00 Filing Fee	\$43.75 Filing Fce & 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
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02:18P FROM:AMBAR DIAZ,P.A.	3054768788	TO: 1858617638	P.3
		ZBII APR 27 AM SI	<u> </u>
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	for	TALLAHASSEL	
MCA	Contain as currently filed with the Flo	es, Inc.	
	Document Number (if known)	•	
Pursuant to the provisions of Section these Articles of Correction within 3	.607.0124 or 617.0124, l 0 days of the file date of	Florida Statutes, this corporation the document being corrected.	n files
These articles of correction correct	Artides or	TIMEDIANTE	Ca <sub>L</sub>
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(Signature of a dire not been selected, i	ctor, president or other officer - if din by an incorporator - if in the hands of ted fiduciary, by that fiduciary.)	ectors or officers have the receiver, trustee, or	
6ther court appoint	ted fiduciary, by that fiduciary.)		
Marion Mares	\(\alpha\)	8 Ca . ~ \	7

(Typed or printed name of person signing)

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