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BIVISION OF CORPORATION

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Tallahassee, FL 32314

COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: COHEN100, CORP	ame of Corporation	
DOCUMENT NUMBER: P11000061	•	
The enclosed Articles of Correction and fe	e are submitted for filing.	
Please return all correspondence concerning	g this matter to the following:	
PATRICIA COHEN Name of Contact Person	 	
COHEN100, CORP		
Firm/Company		
2200 NE 33RD AVE. APT#3E		
FORT LAUDERDALE, FL 33305 City/State and Zip Code	 	
BILLO 1066 B-COMCAST. E-mail address (to be used for future annual re	NET port notification)	
For further information concerning this ma	atter, please call:	
PATRICIA COHEN	at (954) 865-7902 Area Code & Daytime Telephone Number	
Name of Contact Person	Area Code & Daytime Telephone Number	
Enclosed is a check for the following amou	ınt:	
□ \$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	
	1.0	
Mailing Address:	Street Address:	
Amendment Section Division of Corporations	Amendment Section Division of Corporations	
P.O. Box 6327	Clifton Building	
Tallahassee, FL 32314	2661 Executive Center Circle	

Tallahassee, FL 32301

ARTICLES OF CORRECTION

for

COHEN 100, CORP Name of Corporation as currently filed with the Florida Dept. of State	·
P1100061839 Document Number (if known)	
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. These articles of correction correct OFFICER NAME REMOVE NAME (Document Type Boing Correct	larticles of INCOM
filed with the Department of State on O8/10/2011 (File Date of Document)	·
Specify the inaccuracy, incorrect statement, or defect:	
NEED TO REMOVE RAFAEL COHEN	
	A GE
	6 07
	2 FR
	0.0
Correct the inaccuracy, incorrect statement, or defect:	₩
NEED TO REMOVE RAFAEL COHEN	<u></u>
	.
(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, other court appointed fiduciary, by that fiduciary.)	<u></u> ਹਾ
PATRICIA COHEN (Typed or printed name of person signing)	PRESIDENT (Title of person signing)

Filing Fee: \$35.00