

P/110000074827

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

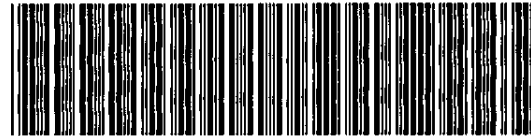
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Corrected documents
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

tr 1-7-4

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Superior Insurance Consulting, Corp.
Name of Corporation

DOCUMENT NUMBER: P11000074827

The enclosed Articles of Correction and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lisette Llago
Name of Contact Person

Superior Insurance Consulting, Corp.
Firm/Company

12401 Orange Drive Suite 135
Address

Davie, FL 33330
City/State and Zip Code

lllagosuperiorins@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lisette Llago at (305) 299-4158
Name of Contact Person 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

Superior Insurance Consultant, Corp
Name of Corporation as currently filed with the Florida Dept. of State

P110000074827
Document Number (if known)

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 Articles of Incorporation
(Document Type Being Corrected)

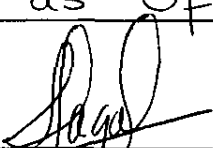
filed with the Department of State on 8-23-2011
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

Lisette Guerrero is listed incorrect
Officer/Director.
Copy of Certified show Lisette Guerrero
as Officer/Director.

Correct the inaccuracy, incorrect statement, or defect:

Officer/Director needs to be correct it to
Lisette Llago.
Please change last name of Officer/Director
from Guerrero to Llago
Copy of Certified needs to show
Lisette Llago as Officer/Director


(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.)

Lisette Llago
(Typed or printed name of person signing)

President
(Title of person signing)

Filing Fee: \$35.00