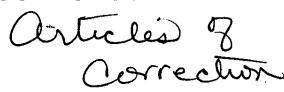
P11000106581

| (Re | questor's Name) | , |
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COVER LETTER

TO: Amendment Section Division of Corporations

| SUBJECT: LS & MR INC | | |
|---|--|--|
| Na Na | nme of Corporation | |
| DOCUMENT NUMBER: P11000106 | 581 | |
| The enclosed Articles of Correction and fee | e are submitted for filing. | |
| Please return all correspondence concerning | g this matter to the following: | |
| APEIL CONDRON Name of Contact Person | | |
| CAPE COD MGMT SVC INC Firm/Company | | |
| 314 NE 27TH ST | | |
| WILTON MANORS FL 33334-2020 City/State and Zip Code | | |
| APRILPEACH1@AOL.COM E-mail address: (to be used for future annual rep | ort notification) | |
| For further information concerning this mat | iter, please call: | |
| APRIL CONDRON Name of Contact Person | at (954) 630-8300 Area Code & Daytime Telephone Number | |
| Enclosed is a check for the following amou | nt: | |
| ☑ \$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

- Z - 1

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for

2011 DEC 27 PM 4: 43

| | 101 | 2011 020 2 |
|---|---|---|
| Name of Corp | LS & MR INC | SECRETARY OF STAFE A Dept. of Stafe LAHASSEE. FLORID |
| | P11000106581 | |
| | Document Prairies (II Movery) | |
| Pursuant to the provisions of Section these Articles of Correction within 3 | 0 days of the file date of th | e document being corrected. |
| These articles of correction correct _ | Articles of Incor | poration, Type Being Corrected) |
| filed with the Department of State or | 12/16/2011 (File Date of Docum | ent) |
| Specify the inaccuracy, incorrect stat | tement, or defect: | |
| INCORRECT SPELLING OF PR | RESIDENT AND REGIS | STERED AGENT IS: |
| SAJIB CHOUDHURY | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Correct the inaccuracy, incorrect stat | • | -D-D 105NT10 |
| CORRECT SPELLING OF PRE | SIDENT AND REGISTE | ERED AGENT IS: |
| SAJIB CHOWDHURY | | |
| | | |
| | | |
| | | |
| | | |
| (Signature of a dire not been selected, other court appoin | petor, president or other officer - if direct by an incorporator in the hands of the ted fiduciary, by that fiduciary.) | ors or officers have e receiver, trustee, or |
| SAJIB CHOWDHUF | | PRESIDENT |
| (Typed or printed name of person sig | ning) | (Title of person signing) |

Filing Fee: \$35.00