

P12000007140

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

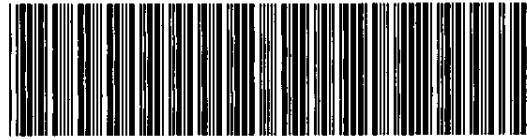
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DIVISION OF CORPORATIONS
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C.COULLETTE

JAN 30 2012

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: JOSE RAMIREZ TRIMMASTERS LLC
Name of Corporation

DOCUMENT NUMBER: P12000007140

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

Please return all correspondence concerning this matter to the following:

JOSE RAMIREZ
Name of Contact Person

JOSE RAMIREZ TRIMMASTERS LLC
Firm/Company

1256 SW BYRON ST
Address

PORT. ST. LUCIE, FL 34983
City/State and Zip Code

MIJADASH@HOTMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOSE RAMIREZ at (772) 971-2805
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | |
|--|---|
| <input checked="" type="checkbox"/> \$35.00 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status |
| <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy | <input type="checkbox"/> \$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

JOSE RAMIREZ TRIMMASTERS LLC

Name of Corporation as currently filed with the Florida Dept. of State

PI2000007140

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 FEID # (Document Type Being Corrected)

filed with the Department of State on 1/27/12 (File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

MISSING FEID #

Blank lines for specifying the inaccuracy, incorrect statement, or defect.

Correct the inaccuracy, incorrect statement, or defect:

FEID # 331116305

Blank lines for correcting the inaccuracy, incorrect statement, or defect.

Handwritten signature of Jose Ramirez

(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.)

JOSE RAMIREZ

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 12 JAN 30 PM 12:17

Filing Fee: \$35.00