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JAN 3 1 2012

EXAMINER

COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: JOSE RAMIE	FZ_TRIMMASTERS WC_
	Name of Corporation
The enclosed Articles of Correction and f	
Please return all correspondence concerni	-
-	ing this matter to the following.
JOSE PAMIREZ Name of Contact Person	
JOSE RAMIREZ TRIM	
1286 Sw ByRous	<u></u>
PORT ST. UCLE FR. City/State and Zip Code	3983
E-mail address: (to be used for future annual of	TAIL COM report notification)
For further information concerning this m	natter, please call:
JOSE RAMIESZ Name of Contact Person	at () Area Code & Daytime Telephone Number
Enclosed is a check for the following amo	ount:
\$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	Street Address: 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

JOSE RAMIREZTRIMMASTERS WC Name of Corporation as currently filed with the Florida Dept. of State		
Placooco 7140 Document Number (if known)		
Pursuant to the provisions of Section 607.0124 or 617.0124, Florida Statutes, this corporation these Articles of Correction within 30 days of the file date of the document being corrected. These articles of correction correct (Document Type Being Corrected) filed with the Department of State on (File Date of Document)	files	
Specify the inaccuracy, incorrect statement, or defect: MISSING PEO #		_
· · · · · · · · · · · · · · · · · · ·	JAN 30	OF SE
	골	2011.08 P. 16 A.
Correct the inaccuracy, incorrect statement, or defect: PEND# 33 1116305	2:17	
		- -
		-
(Signature of a director, president or other officer - if directors or officers have not been selected, by an incorporator : in the hands of the receiver, trustee, or other court appointed fiduciary, by that fiduciary.)		
TOSE RAMIREZ (Typed or printed name of person signing) (Title of person signing)	<u>5</u>	_

Filing Fee: \$35.00