

P12000016224

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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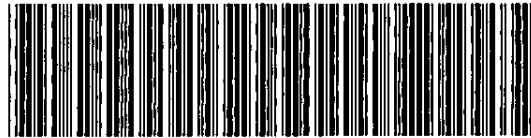
(Business Entity Name)

(Document Number)

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** RORAIMA TRADING LTDA INC  
Name of Corporation

**DOCUMENT NUMBER:** P12000016224

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

Please return all correspondence concerning this matter to the following:

OCTAVIO TARIBA

Name of Contact Person

OCTAVIO TARIBA

Firm/Company

13762 W STATE RD 84, SUITE 614

Address

DAVIE, FL 33325

City/State and Zip Code

AAINTERNATIONALTRADERS@YAHOO.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

OCTAVIO TARIBA

Name of Contact Person

at ( 786 ) 2089970

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

**RORAIMA TRADING LTDA INC**

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

**P12000016224**

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 februray 16 2012  
(File Date of Document)

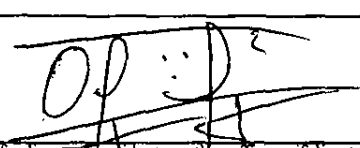
Specify the inaccuracy, incorrect statement, or defect:

Name of registered agent and officer: OCTAVIO TARIBA

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12 MAR + 1 AM 11:33  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

Correct the inaccuracy, incorrect statement, or defect:

Name should be : OCTAVIO TARIBA

  
(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.)

**OCTAVIO TARIBA**

(Typed or printed name of person signing)

**PRESIDENT**

(Title of person signing)

**Filing Fee: \$35.00**