

1 P120000021583

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

MAR 19 2012

T. LEMIEUX

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: AIRFIX SOLUTION, INC

Name of Corporation

DOCUMENT NUMBER: P12000021583

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

Please return all correspondence concerning this matter to the following:

RAFAELA T SOSA

Name of Contact Person

IBI ACCOUNTING SERVICES INC

Firm/Company

10544 NW 26TH ST STE E-202

Address

DORAL FL 33172

City/State and Zip Code

rafaelasosa1@yahoo.com

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

For further information concerning this matter, please call:

RAFAELA T SOSA

Name of Contact Person

at (786) 219-6619

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

AIRFIX SOLUTION, INC

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

P12000021583

Document Number (if known)

Pursuant to the provisions of Section 607.0124 or 617.0124, Florida Statutes, this corporation hereby certifies that these Articles of Correction within 30 days of the file date of the document being corrected.

These articles of correction correct **OFFICER/DIRECTOR DETAIL**

(Document Type Being Corrected)

filed with the Department of State on **03/02/2012**

(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

**THE NAME OF THE SD SHOULD BE LUIS E MARTINEZ INSTEAD OF LUIS E
RODRIGUEZ**

Correct the inaccuracy, incorrect statement, or defect:

**The name of the SD should be Luis E Martinez
instead of Luis E Rodriguez**

(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.)

FROILAN CONCEPCION

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
12 MAR 16 AM 0:48

AIRFIX SOLUTION, INC
P12000021583