## P12000060630

| (Re                                     | questor's Name)   |             |
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C. MUSTAIN

## **COVER LETTER**

| TO: Amendment Section Division of Corporations  |  |  |  |
|---|--|--|--|
| DOCUMENT NUMBER: 2  | Transportation Toologo (30)  |  |  |
| The enclosed Articles of Correction and fee are submitted for filing.                           |  |  |  |
| Please return all correspondence concerning this matter to the following:                       |  |  |  |
| L'UOLEVS Produce  |  |  |  |
| Skyler Covpo  | netu   |  |  |
| 6430 W Color  | rial Dr.   |  |  |
| Olando FC3 City/State and Zip Code  | 2818   |  |  |
| E-mail address: (to be used for future annual rep   | ort notification)  |  |  |
| For further information concerning this matter, please call:                                    |  |  |  |
| January<br>Name of Contact Person   | at ( 407- 405-3035 Area Code & Daytime Telephone Number  |  |  |
| Enclosed is a check for the following amou  | nt:  |  |  |
| <b>□</b> \$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

| JC+-WOTY CONSOLV JO JUN Nume of Corporation as currently filed with the Florida Dept. of State  |
|---|
| P1200000030  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  (Document Type Being Corrected)  (File Date of Document)  Specify the inaccuracy, incorrect statement, or defect: |
|   |
| Correct the inaccuracy, incorrect statement, or defect:  Transportation Inc.  |
|   |
|   |
| (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.)  |
| (Typed or printed name of person signing)  10 10 Sickery (Title of person signing)  |

Filing Fee: \$35.00