## P12000073602

(Requestor's Name)	
(Address)	
(Address)	
(7001033)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
• • •	
(Decree and Number)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
Special instructions to Filling Officer.	

Office Use Only



200239138492



09/04/12--01028--022 \*\*35.00

Articles of Con Inc

SEP - 6 2012

T. LEWIS

## **COVER LETTER**

Division of Corporations SUBJECT: MMM Consulting, Inc. DOCUMENT NUMBER: P12000073602 The enclosed Articles of Correction and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Sarah Roberts Name of Contact Person Team 1 Orthopaedics, Inc. 4300 Marsh Landing Blvd, Suite 101 Jacksonville Beach, FL 32250 City/State and Zip Code amolinaro@team1ortho.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Andrea Molinaro Name of Contact Person 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:**

TO:

Amendment Section

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

9 000 to 5240 mg

for

12 SEP -4 PH 12: 59

SECRETARY OF SMITE

MMM Consultant, Inc.	おないいいつつに ご 別を OK
Name of Corporation as currently filed with the Florida Dept. of State	
P12000073602	
Document Number (if known)	
Pursuant to the provisions of Section 607.0124 or 617.0124, Florida Statutes, thi these Articles of Correction within 30 days of the file date of the document being	•
These articles of correction correct Articles of Trooper (Document Type Being Corrected)	wation,
filed with the Department of State on 8/27/12  (File Date of Document)	
Specify the inaccuracy, incorrect statement, or defect:	
Name of the corporation needs to be changed from MMM Consultant,	Inc. to
Triple M Consultant, Inc. Please change corporation name to reflect th	e name Triple M
Consultant, Inc.	
Correct the inaccuracy, incorrect statement, or defect:	
MMM Consultant, Inc. corporate name is incorrect. Change to Triple N	// Consultant, Inc.
(Signature of a director, president or other officer - if directors or officers have	_
of the receiver, trustee, or other order in the hands of the receiver, trustee, or other court appointed fiduciary, by that fiduciary.)	
Sarah Roberts	HR
(Typed or printed name of person signing) (Ti	tle of person signing)

Filing Fee: \$35.00