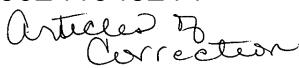
P12000084288

(Re	questor's Name)	
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(Ad	dress)	
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(Do	cument Number)	
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10/29/12

COVER LETTER

TO: Amendment Section Division of Corporations	÷			
JML Logistics, I	NC. 学288 ^{Corporation}			
DOCUMENT NUMBER:	4200			
The enclosed Articles of Correction and f	ea are submitted for filing			
Please return all correspondence concerni Jack Korta	ing this matter to the following:			
Name of Contact Person				
Korta & Company				
Firm/Company				
6938 W. Linebaugh Ave, Ste #102				
Address				
Tampa, FL 33625				
City/State and Zip Code				
jkorta@kortaco.com				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Jack Korta Name of Contact Person	at (813) 892-4293			
	, .			
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 P.O. Box 6327 Tallahassec, FL 32314	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			

ARTICLES OF CORRECTION

FILED

	For	·
JML Logistics, Inc		2012 OCT 26 PM 4: 45
	Name of Corporation as currently filed with the Florida Dept. of State	SEGRET RY OF STATE
	P12000084288	TALLAHASSEE, FLORIDA
	Document Number (if known)	
Pursuant to the provisions these Articles of Correctio	of Section 607.0124 or 617.0124, Florida Statuto n within 30 days of the file date of the document Articles of Incorporation	es, this corporation files being corrected.
These articles of correction	a annual t	
<i>a</i> , 1, 1,4, 1, 5,	October 4, 2012	icu
filed with the Department	of State on	 ·
Specify the inaccuracy, inc Article VIII	correct statement, or defect:	
The effective date fo	r this corporation shall be 10/28/12	•
	•	
 	,	
Correct the inaccuracy, inc	correct statement, or defect:	
Delete Article VIII		
·		
(There will be no sta	ted effective date.)	
		<u> </u>
		<u> </u>
		
9	South of States	
(Si no ot	gnature of a director, president or other officer - A firectors or officers have to been selected, by an incorporator - if in the hands of the receiver, trustee her court appointed fiduciary, by that fiduciary)	c , or
		_
JOSPH A ESTEV	EZ	Pres.
(Typed or printed no	me of person signing)	(Title of person signing)

Filing Fee: \$35.00