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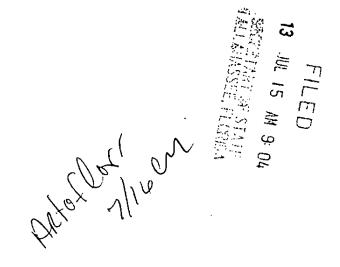
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COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: AIKA COLLINATION NATIONALINATION NATIONALINATIONALINATIONALINATIONALINATIONALINATIONALINATIONALINATIONALINATIONALINATIONALINATIONALINATIONALINATIONALINATIONALINATION	LY C	
DOCUMENT NUMBER: 1300052820		
The enclosed Articles of Correction and fee are submitted for filing.		
Please return an correspondence concerning uns matter to the following:		
Cristina Martine 7 Name of Contact Person	<u></u>	
Firm/Company		
581 SW 44 Ave		
Migmi FL 33134 City/State and Zip Code		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter places call.		
Cristing Martinez at (305) 907 -4418 Area Code & Daytime Telephone Number		
Enclosed is a check for the following amount:		
1 \$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	

ARTICLES OF CORRECTION

For

A)Ka Control Composition as currently filed with the Florida Dent. of State
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 (LOCUMENT Type Being Corrected)
filed with the Department of State on
Specify the inaccuracy, incorrect statement, or defect:
I only gave a vice President. I Edie
not include the President of the
Company.
9
£ 0
Correct the inaccuracy, incorrect statement, or defect: I pled to add a President. The President will be Cristing Martinez.
(Signature of a director, president or other officer - it 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.)
Cristing Martinez (Typed or printed name of person signing) United of person signing) (Title of person signing)

Filing Fee: \$35.00