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COVER LETTER

TO:

Amendment Section

Division of Corporations Lina Maria Spa Inc. Name of Corporation DOCUMENT NUMBER: P13000063943 The enclosed Articles of Correction and fee are submitted for filing. Please return all correspondence concerning this matter to the following: James Brazzel Name of Contact Person Lina Maria Spa Inc. 301 Anderson St. NE Lake Placid FI 33852 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: James Brazzel 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: Street Address:** Amendment Section Amendment Section Division of Corporations **Division of Corporations** P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF CORRECTION

For

| Lina Maria Spa Inc | |
|--|---|
| Name of Corporation as currently filed with the Florida De | pt. of State |
| D4000000040 | |
| P13000063943 | 5 28 |
| Document Number (if known) | |
| | |
| Pursuant to the provisions of Section 607.0124 or 617.0124, Flori these Articles of Correction within 30 days of the file date of the contraction within 30 day | da Statutes, this corporation files document being corrected. |
| These articles of correction correct Corporation | |
| (Document Type | : Being Corrected) |
| filed with the Department of State on 7/30/2013 | A.L. O |
| (File Date of Document) | |
| Specify the inaccuracy, incorrect statement, or defect: | |
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| Lina Maria Spa Inc was filed and I misspelled the name it should ha | ve been be LINA MARIE SPA, INC. |
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| Correct the inaccuracy, incorrect statement, or defect: | |
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| Same Read | |
| (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 re other court appointed fiduciary, by that fiduciary.) | |
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| | |
| James Brazzel | President |
| (Typed or printed name of person signing) | (Title of person signing) |

Filing Fee: \$35.00