P13000075490

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SECRETARY OF STATE
TALLADASSEE TO ORIDA

OCT - 4 2013 T. CARTER

COVER LETTER

TO: Amendment Section **Division of Corporations**

RECKON BENEFIT PLANNING GROUP, INC.

Name of Corporation

DOCUMENT NUMBER: P13000075490

The enclosed Articles of Correction and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARIA SAGRARIO PULIDO

Name of Contact Person

Firm/Company

2844 SW 165 AVENUE

MIRAMAR, FL 33027

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARIA SAGRARIO PULIDO at 954

Name of Contact Person

Area Code & Daytime Telephone Number

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:

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

13 SEP 25 AM II: 14

RECKON BENEFIT PLANNING GROUP INC

4.3

Name of Corporation as currently filed with the Florida Dept. of State
P13000075490
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 ARTICLES OF INCORPORATION FOR RECKON BENEFIT PLANNING GROUP INC (Document Type Being Corrected)
filed with the Department of State on SEPTEMBER 12, 2013 (File Date of Document)
Specify the inaccuracy, incorrect statement, or defect:
CORPORATE PURPOSE- STATES "ORGANIZATION DEVELOPMENT, INSURANCE AND FINANCIAL SERVICES."
NEED TO REVISE PURPOSE NOT TO INCLUDE FINANCIALSERVICES
Correct the inaccuracy, incorrect statement, or defect:
CORPORATE PURPOSE:
ORGANIZATION DEVELOPMENT AND INSURANCE SERVICES
(Signature of a director, president or other object - 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 siduciary.)
MARIA SAGRARIO PI II IDO PRESIDENT

MARIA SAGRARIO PULIDO

(Typed or printed name of person signing)

(Title of person signing)

Filing Fee: \$35.00