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SECRETARY OF STATES WILLAHASSEE, FLORUS

DCT 21 2013

R. WHITE

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Blue Lo	able Crroup me of Corporation
DOCUMENT NUMBER: PC≥C	00080842
The enclosed Articles of Correction and fee	are submitted for filing.
Please return all correspondence concerning	this matter to the following:
Steven Restvep	<i>G</i>
Blue Lable Crou	}
7545 E Treasure	dr #SD
North bay Village FC City/State and Zip Code	33141
S. Reci liced Comunity E-mail address: (to be used for future annual repo	ort notification)
For further information concerning this mat	ter, please call:
Steven Name of Contact Person	at (786) Z G G - 9764 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount	nt:
\$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

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For 9007 15 PH 3: 2	7
Blue Lable Group SECRETARY OF STATE Name of Corporation as currently filed with the Florida Dept. of State Name of Corporation as currently filed with the Florida Dept. of State	Ä.
P13060080842 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 [Document Type Being Correction] [File Date of Document] Specify the inaccuracy, incorrect statement, or defect:	
Misspelled Corporation name Blue (Lable) Group Inc	
Correct the inaccuracy, incorrect statement, or defect:	
Pleage Correct Name to	
Blue Label Group Inc	
(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 receiver, trustee, or other court appointed fiduciary, by that fiduciary.)	
Typed or printed name of person signing) (Tyte of person signing) (Title of person signing)	

Filing Fee: \$35.00