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R. WHITE

COVER LETTER

TO: Amendment Section Division of Corporations			
SUBJECT: BHML USA 3 INC	me of Corporation		
DOCUMENT NUMBER: P130000816	•		
The enclosed Articles of Correction and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
APRIL CONDRON			
Name of Contact Person CAPE COD MGMT SVO Firm: Company	CINC		
314 NE 27TH ST			
WILTON MANORS FL 33334-2020			
APRILPEACH1@AOL.COM			
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:			
APRIL CONDRON	at (954) 630-8300		
Name of Contact Person	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

P OCT 15 PH 1:33

BHML USA 3 INC

Name of Corporation as currently filed with the Florida Dept. of State

SECRETARY OF STATE

P13000081678
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 Corrected) filed with the Department of State on (File Date of Document)
Specify the inaccuracy, incorrect statement, or defect:
NAME OF DIRECTOR INCORRECT SPELLING: ELWAR RAHMAN KHAN
NAME OF DIRECTOR CORRECT SPELLING: DELWAR RAHMAN KHAN
· · · · · · · · · · · · · · · · · · ·
Correct the inaccuracy, incorrect statement, or defect: NAME OF DIRECTOR CORRECT SPELLING: DELWAR RAHMAN KHAN
St mly,

(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.)

SK MD MASUM

DIRECTOR

(Typed or printed name of person signing)

(Title of person signing)

Filing Fee: \$35.00