

P13000100494

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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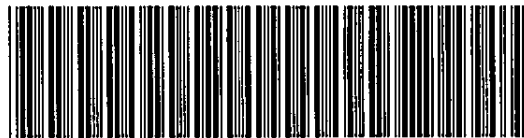
(Business Entity Name)

(Document Number)

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13 DEC 26 PM 4:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C. Lewis  
1-7-2014

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** DIB MARKET INC

Name of Corporation

**DOCUMENT NUMBER:** P13000100494

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

Please return all correspondence concerning this matter to the following:

**MAHMOUD Y HAMED**

Name of Contact Person

**DIB MARKET INC**

Firm/Company

**5830 NW 22ND AVE**

Address

**MIAMI, FL 33142**

City/State and Zip Code

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

For further information concerning this matter, please call:

Mahmoud Hamed

Name of Contact Person

at (305) 637 7777

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

APPROVED  
AND  
FILED

ARTICLES OF CORRECTION

13 DEC 26 PM 4: 39

For

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DIB MARKET INC

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

P13000100494

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 FL PROFIT ARTICLES,  
(Document Type Being Corrected)

filed with the Department of State on DECEMBER 19, 2013  
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

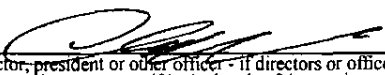
REGISTERED AGENT AND OFFICER NAME ARE INCORRECT.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Correct the inaccuracy, incorrect statement, or defect:

THE CORRECT REGISTERED AGENT IS MAHMOUD Y HAMED  
THE CORRECT PS IS MAHMOUD Y HAMED.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

  
(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.)

MAHMOUD Y HAMED

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35.00