P/4000003432

(Re	questor's Name)	
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		
·		

Office Use Only



800255549758

01/21/14--01012--011 **35.00

14 JAH 21 M W 53

Att. Lawin H

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: JD Quality	General Servines Inc H000003432
DOCUMENT NUMBER: P1	000003432
The enclosed Articles of Correction and fe	ee are submitted for filing.
Please return all correspondence concernir	ng this matter to the following:
Name of Contact Person	
JD Walty Gene	ral Services Inc.
17230 NW 73 PL	
Haleah FL 3 City/State and Zip Code	3015
Guminia A amail . C Dy E-mail address: (to be used for future annual re	eport notification)
For further information concerning this ma	atter, please call:
AUMILI COMU 7 Name of Contact Person	at (305) 5259540 Area Code & Daytime Telephone Number
Enclosed is a check for the following amo	unt:
\$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 4000003 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 filed with the Department of State on (File Date of Document) Specify the inaccuracy, incorrect statement, or defect: Correct the inaccuracy, incorrect statement, or defect: (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.)

Filing Fee: \$35.00