

P1410000007944

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** PUI BELLA SPA, INC.

Name of Corporation

**DOCUMENT NUMBER:** P14000007944

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

Please return all correspondence concerning this matter to the following:

**KAREN RIASCOS**

Name of Contact Person

**PIU BELLA SPA, INC.**

Firm/Company

**12412 SW 110TH S CANAL ST RD**

Address

**MIAMI FL 33186**

City/State and Zip Code

**KAREN2432@ICLOUD.COM**

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

For further information concerning this matter, please call:

**KAREN RIASCOS**

Name of Contact Person

at ( **561** ) **727-7100**

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

PUI BELLA SPA, INC.

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

P14000007944

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 P14000007944

(Document Type Being Corrected)

filed with the Department of State on 01/25/2014

(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

**SPELLING OF THE CORPORATION NAME IS INCORRECT.**

FILED	14
JAN 31	PM 3:15
TALLAHASSEE, FLORIDA	

Correct the inaccuracy, incorrect statement, or defect:

**PIU BELLA SPA, INC.**


Karen Riascos

(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.)

KAREN RIASCOS

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

**Filing Fee: \$35.00**