## P140000 41663

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SECRETARY OF STATE ALLAHASSEE, FLORIDA



## **COVER LETTER**

<b>TO:</b> Amendment Section Division of Corporations	
SUBJECT: HMA GE	neral Scruies Inv
DOCUMENT NUMBER: P14	000041662
The enclosed Articles of Correction and f	ee are submitted for filing.
Please return all correspondence concerni	ng this matter to the following:
Hames A Name of Contact Person	Aranso
HMA General Firm/Company	Services Inc
15541 SW 8-1	m lane
Hiami Fla City/State and Zip Code	33194
HMA General Sev E-mail address: (to be used for future annual se	report notification)
For further information concerning this m	natter, please call:
Hames Arango Name of Contact Person	at (305) 302-6167 Area Code & Daytime Telephone Number
Enclosed is a check for the following amo	ount:
\$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

	HMA General Servies Inc.  Name of Corporation as currently filed with the Florida Dept. of State	
	P14000041662  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 Corporation Name,  (Document Type Being Corrected)  filed with the Department of State on (File Date of Document)	
	Specify the inaccuracy, incorrect statement, or defect:	_
/	Please Correct the word Services the correct word Services	_ <del>_</del> ∂
	Ac 23	-
	Correct the inaccuracy, incorrect statement, or defect:	
	ORIDA ORIDA	<b>ジ</b> -
		<b>-</b> -
	(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.)	-
	Hames A Arango  (Typed or printed name of person signing)  President  (Title of person signing)	_

Filing Fee: \$35.00