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## **COVER LETTER**

TO: Amendment Section Division of Corporations	
SUBJECT: MODEL CIT	Y MENGER GROVE, INC
DOCUMENT NUMBER: P14	1000043593
The enclosed Articles of Correction and for	ee are submitted for filing.
Please return all correspondence concerni	ng this matter to the following:
ACICTA DIAZ Name of Contact Person	
MODEL CITY MEAG	ER GROUP, INC.
831 NORTH VENETS AT	N DRIVE
MTAMI FLORT QA City/State and Zip Code	33139
Atyolog C AoC. Con	eport notification)
For further information concerning this m	atter, please call:
ACTCZA DZAB Name of Contact Person	at ( <u>786</u> ) <u>299-0180</u> 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
343.75 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

MODEC CITY MERGER GROUP, TNE.  Name of Corporation as currently filed with the Florida Dept. of State	
P/4000 45593  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 ARTICLES OF TWO PORATION (Document Type Being Corrected)	
filed with the Department of State on	
Specify the inaccuracy, incorrect statement, or defect:	
PRINCIPAL ADDRESS:	_
1028 NW 6687	<del>-</del>
M3AMS, FLA. 33/47	: 
ADDACES WAS ENTERED IN FARER.	
7.1 C.2 C.2	سنزيه ج ب
Correct the inaccuracy, incorrect statement, or defect:	_
831 NORTH VENETZAN DRIVE	_
MIAM2, FU. 33/39	_
	_
	-
	-
(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 count appointed fiduciary, by that fiduciary.)  ALFS 206W1	_
(Typed or printed name of people's signing) (Title of person signing)	-
Filing Fee: \$35.00	