

P14000046298

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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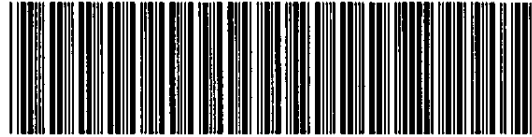
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 04 2015
C. CARROTHERS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ILYMAR SERVICES CORP

Name of Corporation

DOCUMENT NUMBER: P14000046298

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

Please return all correspondence concerning this matter to the following:

Name of Contact Person

ILYMAR SERVICES CORP

Firm/Company

Address

City/State and Zip Code

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

For further information concerning this matter, please call:

JUAN C SANCHEZ at (305) 362*8750

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | |
|--|---|
| <input checked="" type="checkbox"/> \$35.00 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status |
| <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy | <input type="checkbox"/> \$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

ILYMAR SERVICES CORP

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

P14000046298

Document Number (if known)

Pursuant to the provisions of Section 607.0124 or 617.0124, Florida Statutes, this corporation hereby corrects these Articles of Correction within 30 days of the file date of the document being corrected.

These articles of correction correct ADDRESS
(Document Type Being Corrected)

filed with the Department of State on 02/23/15
(File Date of Document)

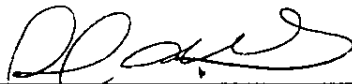
Specify the inaccuracy, incorrect statement, or defect:

HAS TO CHANGE THE ADDRESS

Correct the inaccuracy, incorrect statement, or defect:

THE NEW ADDRESS HAS TO BE:

3095 N.W. 98 ST., MIAMI, FL 33148



(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)

ILEANA FERNANDEZ

(Typed or printed name of person signing)

VICE PRESIDENT

(Title of person signing)

Filing Fee: \$35.00

SECRETARY OF STATE
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

15 MAR - 2 AM 10:05

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