P14000052472

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Correction
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TO:

Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

Amendment Section **Division of Corporations** UTH FLORIDA UNIVERITY, INC. **SUBJECT:** Name of Corporation P14000052472 **DOCUMENT NUMBER:** The enclosed Articles of Correction and fee are submitted for filing. Please return all correspondence concerning this matter to the following: RONALD A. LACAYO Name of Contact Person UNIVERSIDAD TECNOLOGICA HONDURAS Firm/Company 3390 MARY ST, SUITE 116 MIAMI, FL 33133 City/State and Zip Code ronald.lacayo@uth.hn E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Name of Contact Person Enclosed is a check for the following amount: **□** \$35.00 Filing Fee □ \$43.75 Filing Fee & Certificate of Status ■ \$52.50 Filing Fee, Certificate of Status & Certified Copy □ \$43.75 Filing Fee & Certified Copy **Mailing Address: Street Address:**

Amendment Section

Clifton Building

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

ARTICLES OF CORRECTION

For

UTH FLORIDA L	JNIVERITY, INC.	
Name of Corporation as currently	filed with the Florida Dept. of State	TI TI
P14000	0052472	73 /
Document Nu	mber (if known)	2
filed with the Department of State onJUN Specify the inaccuracy, incorrect statement, or de Article I: The name of the corporation The corporate name is missing the le The correct name should be: "UTH F	(Document Type Being Corrected NE 17, 2014 (File Date of Document) fect: tter "s" in the third wo	ord. Y, INC"
Due to a typo the name on the article	s came out as UNIVE	ERITY.
Correct the inaccuracy, incorrect statement, or detail.	fect:	
The name of the corporation is:		
UTH FLORIDA UNIVERSITY, INC.		
(Signature of a director, president of o not been selected, by an incorporate other court appointed fiduciary, by the	ther officer if directors or officers have - if in the hards of the receiver, trustee, or at fiduciary.)	
RONALD A. LACAYO		DIRECTOR
(Timed or printed name of parron graning)		(Title of percen cioning)

(Typed or printed name of person signing)

(Title of person signing)

Filing Fee: \$35.00