

P14000069520

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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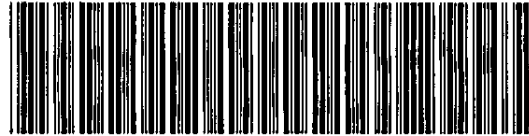
(Business Entity Name)

(Document Number)

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SECTION OF STATE
DIVISION OF CORPORATIONS

C. LEWIS
SEP 5 2014
EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: J&S REMODELING DESIGN, CORP.

Name of Corporation

DOCUMENT NUMBER: P14000069520

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

Please return all correspondence concerning this matter to the following:

Ileana Arias Tovar, Esq

Name of Contact Person

Arias Tovar & Associates, P.A

Firm/Company

2250 NW 136th Avenue

Address

Pembroke Pines, FL 33028

City/State and Zip Code

iaras@ariastovar.com

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

For further information concerning this matter, please call:

Ileana Arias Tovar

Name of Contact Person

at (954) 3852284

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

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

14 AUG 29 PM 3:34

J&S REMODELING DESIGN, CORP

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

P14000069520

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
(Document Type Being Corrected)

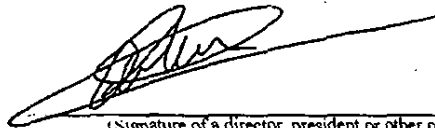
filed with the Department of State on 08/19/2014
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

DIRECTOR: JOAN GIRARDIN

Correct the inaccuracy, incorrect statement, or defect:

ADD THE SECOND LAST NAME: DIRECTOR: JOAN GIRARDIN CARCACER



(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.)

JOAN GIRARDIN CARCACER

(Typed or printed name of person signing)

PD

(Title of person signing)

Filing Fee: \$35.00