

PK000030923

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 14 2014
C. CARROTHERS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Man of provided God Trucking, Corp

Name of Corporation

DOCUMENT NUMBER: P15000030923

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

Please return all correspondence concerning this matter to the following:

Ramon Alvarez

Name of Contact Person

Firm/Company

192010 NW 50 AVE

Address

MIAMI GARDENS, FL 33055

City/State and Zip Code

KARAYA9601@YAHOO.ES

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

For further information concerning this matter, please call:

RAMON ALVAREZ

Name of Contact Person

at (**786**) **354-4532**

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

MAN OF PROVIDED GOD TRUCKING, CORP

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

P15000030923

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 **NAME OF CORPORATION**

(Document Type Being Corrected)

filed with the Department of State on **04/02/2015**

(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

THE CORPORATION NAME SHOULD BE:

GOD IS MY PROVIDER TRUCKING, CORP

Correct the inaccuracy, incorrect statement, or defect:

SECRETARY OF STATE
PALM BEACH COUNTY, FLORIDA

15 APR 13 AM 10:30

FILED

(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.)

RAMON ALVAREZ

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35.00