# P150003839

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### **COVER LETTER**

TO: Amendment Section Division of Corporations			
SUBJECT: CS & CS DIVING, INC.  Name of Corporation			
DOCUMENT NUMBER: P1500003	•		
The enclosed Articles of Correction and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
SCABA CSURILLA			
Name of Contact Person  CS & CS DIVING, INC.  Firm/Company			
1465 NE 121 ST APT B113			
NORTH MIAMI, FL, 33161			
City/State and Zip Code			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
SCABA SCURILLA Name of Contact Person	at (954 )880-5015 Area Code & Daytime Telephone Number		
Enclosed is a check for the following amou	nt:		
■ \$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		

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# ARTICLES OF CORRECTION

MAY 18 AM 11:21

For

CS & CS DIVING, INC.

STALLAHASSEE, FLORIDA

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

# P15000038734

1 10000000104			
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 OFFICER/ DIRECTOR DETAIL  (Document Type Being Corrected)			
filed with the Department of State on(File Date of Document)			
Specify the inaccuracy, incorrect statement, or defect: UNDER OFFICER/ DIRECTOR DETAIL, THE TITLE SAYS "PVST"			
·			
·			
Correct the inaccuracy, incorrect statement, or defect: UNDER OFFICER/ DIRECTOR DETAIL, THE TITLE SHOUL			
BE "P" ONLY.			
ALSO THERE IS A TITLE D THAT SHOULD BE ERASED ALONG			
WITH THE NAME UNDERR TITLE: "D".			
aleg_			

(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.)

**CSABA CSURILLA** 

**PRESIDENT** 

(Typed or printed name of person signing)

(Title of person signing)

Filing Fee: \$35.00