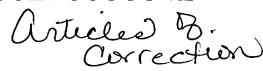
## P15000040761

| (Re                     | questor's Name)   |           |
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| (Ad                     | dress)            |           |
| (Ad                     | dress)            |           |
| (Cit                    | y/State/Zip/Phone | : #)      |
| PICK-UP                 | ☐ WAIT            | MAIL      |
| (Bu                     | siness Entity Nam | ne)       |
| (Do                     | cument Number)    |           |
| Certified Copies        | _ Certificates    | of Status |
| Special Instructions to | Filing Officer:   |           |
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5/27/15

## **COVER LETTER**

TO: Amendment Section

| Division of Corporations                                      |  |  |
|---|--|--|
| SUBJECT: OHM LAXMI IN   | C - Incorrect Secretary                                      |  |
| DOCUMENT NUMBER: P1500004                                     | Name of Corporation 0761                                     |  |
| The enclosed Articles of Correction and f                     |  |  |
| Please return all correspondence concerni                     | ng this matter to the following:                             |  |
| SHAH, HARDIK  |  |  |
| Name of Contact Person  |  |  |
| OHM LAXMI INC   |  |  |
| 4238 NORTHLAKE BL   | .VD  |  |
| PALM BEACH GARDENS  City/State and Zip Code                   | S, FL 33410  |  |
| shahhardik1512@yaho   | oo.com   |  |
| E-mail address: (to be used for future annual)                | report notification)   |  |
| For further information concerning this m                     | atter, please call:  |  |
| SHAH, HARDIK  | at (239 822-1395  Area Code & Daytime Telephone Number       |  |
| Name of Contact Person  | Area Code & Daytime Telephone Number                         |  |
| Enclosed is a check for the following amo                     | ount:  |  |
| □ \$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 Cornerations | Street Address: Amendment Section Division of Corporations   |  |

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF CORRECTION

For

FILED

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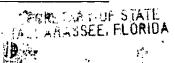
) ) bus bus to

(Title of person signing)

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

P15000040761

Document Number (if known)



2815 MAY 20 PM 2: 30

| 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 Articles of Incorporation   |
| (Document Type Being Corrected)  |
| filed with the Department of State on 05/05/2015   |
| (File Date of Document)  |
| Specify the inaccuracy, incorrect statement, or defect:  |
| BHAVSAR, PARAG 701 2ND AVE APT#5 LOGAN, WV 25601 is not  |
| the Secretary. Please remove the name. It was incorrectly entered  |
|  |
|  |
|  |
|  |
|  |
|  |
| Correct the inaccuracy, incorrect statement, or defect:  |
| Please remove the name. There is no Secretary elected currently.   |
| Please remove BHAVSAR, PARAG 701 2ND AVE APT#5 LOGAN, WV 25601   |
|  |
| as Secretary   |
|  |
|  |
|  |
|  |
| Ralay 5/15/15  |
| (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.) |
| Rina Dalal President   |

Filing Fee: \$35.00

(Typed or printed name of person signing)