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COVER LETTER

TO: Amendment Section Division of Corporations

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SUBJECT: SANINA GROUP INC

DOCUMENT NUMBER: P15000056329

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

Please return all correspondence concerning this matter to the following:

CARLOS DE ROAS

Name of Contact Person

CMR FINANCIAL SERVICES

Finn/Company

1840 W 49 STREET SUITE 503

Address

HIALEAH, FL 33012

City/State and Zip Code

CABICHE@BELLSOUTH.NET

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

For further information concerning this matter, please call:

CARLOS DE ROJAS

Name of Contact Person

at (<u>305</u>)<u>558-6795</u> Area Code & Daytume Telephone Number

Enclosed is a check for the following amount:

S35.00 Filing Fee

□ S43.75 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

SANINA GROUP INC

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

P15000056329

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	ARTICLES OF	INCORPORATION
	(Document Type Being Corrected)

filed with the Department of State on 06/29/2015

(File Date of Document) Specify the inaccuracy, incorrect statement, or defect:

NAME MISPELLED

Correct the inaccuracy, incorrect statement, or defect: SABINA GROUP INC

(Signature of a director, president or other officer- if directors or officers have not been selected, by an incorporator - it in the hards of the receiver, mustee, or other court appointed fiduciary, by that fiduciary.)

JORGE SABINA

PRESIDENT (Title of person signing) 0

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(Typed or printed name of person signing)

Filing Fee: \$35.00