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articles of Correction & Mana Change



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## COVER LETTER '

**TO:** Amendment Section Division of Corporations

Division of Corporations		
SUBJECT: MRCOLOMBIAT	TATOOS CORP	
DOCUMENT NUMBER: P1500006	Name of Corporation	
The enclosed Articles of Correction and fe		
Please return all correspondence concerning	ng this natter to the following:	
ANDRES MAPAL RAM	1IREZ	
Name of Contact Person		
MRCOLOMBIATATOC	SCORP	
8367 SW 40TH ST		
MIAMI FL 33155		
City/State and Zip Code		
E-mail address, (to be used for future annual r	eport notification)	
For further information concerning this m	atter, please call:	
ANDRES MAPAL RAMIRE	Z 305 305-4104	
Name of Contact Person	Area Code & Daytime Telephone Number	
Enclosed is a check for the following amo	unt:	
■ \$35.00 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	
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Mailing Address:	Street Address:	
Amendment Section Division of Corporations	Amendment Section Division of Corporations	
P.O. Box 6327	Clifton Building	
Tallahassee, FL 32314	2661 Executive Center Circle	

Tallahassee, FL 32301

## ARTICLES OF CORRECTION

For

FILED

## MRCOLOMBIATATOOS CORP

2015 JUL 31 PM 4: 50

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

(Title of person signing)

P15000061717

Document Number (if known)

Pursuant to the provisions of Section 607.0124 or 61 these Articles of Correction within 30 days of the file.  These articles of correction correct  THE NAME  filed with the Department of State on 07/20/2013	OF THE CORPORATION (Document Type Being Corrected)
Specify the inaccuracy, incorrect statement, or defect THE NAME OF THE CORPORATION	
A A A A A A A A A A A A A A A A A A A	and the Edition
Correct the inaccuracy, incorrect statement, or defect THE CORRECT NAME IS:	rt:
MRCOLOMBIATATTOOS CORP	
(Signature of a director, president or other	officer - indirectors or officers have
not been selected, by an incorporator - to other court appointed fiduciary, by that	in the hands of the receiver, trustee, or ductary.)
ANDRES MAPAL RAMIREZ	PRESIDENT

Filing Fee: \$35.00

(Typed or printed name of person signing)