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C. CARROTHERS

COVER LETTER

TO: Amendment Section

Division of Corporations	,
SUBJECT: Saving Land DOCUMENT NUMBER: \$\frac{1500}{1500}\$	ives CPR Inc. ne of Corporation 100 81750
The enclosed Articles of Correction and fee	are submitted for filing.
Please return all correspondence concerning	this matter to the following:
Eduards Frago. Name of Contact Parson	
	aving luce CPR Inc)
8255 Hannocks Blud	APT 6305
Mioni, FL 37193 City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
Aha efrom a vohoo. Con E-mail address: (to be used for future annual repo	nt notification)
For further information concerning this mat	ter, please call:
Edvardo Fraga Name of Contact Regison	at (286) 262-68/2 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount	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

ARTICLES OF CORRECTION

For

Name of Corporation as currently filed with the Florida Dept. of State	
P/5000 8/750 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 Corporation Changing come of Comporation (Dodument Type Being Corrected)	77
filed with the Department of State on $\frac{10/2/2 \circ 15}{\text{(File Date of Document)}}$.	
Specify the inaccuracy, incorrect statement, or defect: I just want to Change the name of the corporation. Change from Saving Liver CPR Inc New name - CPR Depat Miami Inc	
Correct the inaccuracy, incorrect statement, or defect:	Topman
(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.) The fiduciary of the receiver, trustee, or other court appointed fiduciary, by that fiduciary.) (Typed or printed name of person signing) (Title of person signing)	

Filing Fee: \$35.00