

P15000091351

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Change Name of Corporation

Name of Corporation

**DOCUMENT NUMBER:** P15000091351

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

Please return all correspondence concerning this matter to the following:

**Eulices Alvarez**

Name of Contact Person

**Disable Veteran Construction, Inc.**

Firm/Company

**307 NW 10th Avenue**

Address

**Hallendale Beach, FL 33009**

City/State and Zip Code

**Ulo31@yahoo.com**

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

For further information concerning this matter, please call:

**Eulices Alvarez**

Name of Contact Person

at ( **305** ) **450-2993**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$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

For

Disable Veteran Construction, Inc.

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

P15000091351

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 Article I,  
(Document Type Being Corrected)

filed with the Department of State on 11/06/2015,  
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

Change Name of corporation since I forgot to write an "d" after Disable to be  
"Disabled" instead.

Correct the inaccuracy, incorrect statement, or defect:

Change corporation name to: Disabled Veteran Construction, Inc.



(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.)

Eulices Alvarez

(Typed or printed name of person signing)

Vice President

(Title of person signing)

**Filing Fee: \$35.00**

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