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COVER LETTER

Division of Corporations
SUBJECT: LBT Distributor Inc.
DOCUMENT NUMBER: P 1500094441
The enclosed Articles of Correction and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
The Law offres of librael S. Hind: ATTN: Sibrael Hind:
The Law offices of Sibrael S. Hird;
110 SE 6st 17th Floor
Fort Landerdale FL 33301 City/State and Zip Code
Jibrael & Jibraellaus Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Abraham Flafil at (954) 673-5369 Name of Contact Person at (954) Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$35.00 Filing Fee \$\Bigsim \\$43.75 Filing Fee & Certificate of Status
☐ \$43.75 Filing Fee & Certified Copy ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy

TO:

Amendment Section

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	
LBT Distributor Inc. Name of Corporation as currently filed with the Florida Dept. of State	
\$\\ \) 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 11 19 201 (File Date of Document)	
Specify the inaccuracy, incorrect statement, or defect:	
The correct corporate name should be:	_
	_
LTB Distributors Inc.	_
As shown, the inaccuracy is in the currently listed name of the corporation.	_
11sted name at the corporation.	
Correct the inaccuracy, incorrect statement, or defect:	
LTB Distributors 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.)	
ABRAHAM FLAFIL (Typed or printed name of person signing) (Title of person signing)	

Filing Fee: \$35.00

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