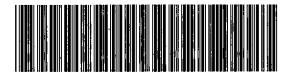
P150000095045

(Requestor's Name)		
(Address)		
(Address)		
(Ch. Chan Cin Dhana 4)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		

Office Use Only



100279987971

12/14/15--01009--009 **35.00



Art Correction

DEC 15 2015.

COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: Chuco's Construction Inc.		
DOCUMENT NUMBER: <u>P1500095048</u>		
The enclosed Articles of Correction and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
And Reserviz Name of Contact Person		
Universal Financi	α	
6412 West Colonial	Dr.	
DIAMO, FL 3281 City/State and Zip Code	8	
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
An Reserviz Name of Contact Person	at (UD7) 390-218 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	

ARTICLES OF CORRECTION

Name of Corporation as currently filed with the Florida Dept. of State
P1500095048 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 Horida Profit (Way at the Time Internation) Filed with the Department of State on (File Date of Document) Specify the inaccuracy, incorrect statement, or defect:
First Name Initial Last Name
Correct the inaccuracy, incorrect statement, or defect: AY MENU KIVLYA (TITLEYP) Fivet Name Finitial Last Name
(Signature of a director, president or other officer - if directors of officers have not been selected, by an incorporator - if in the hands 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