

P1100000057088

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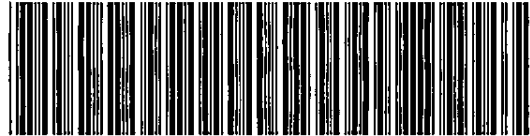
(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

FEB 04 2016

R. WHITE

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: R. A. LENKI ASSOCIATES, INC

Name of Corporation

DOCUMENT NUMBER: P16000007048

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

Please return all correspondence concerning this matter to the following:

**SHARON**

Name of Contact Person

**GARY BAKER, CPA**

Firm/Company

**5929 SE FEDERAL HWY, #71**

Address

**STUART, FL 34997**

City/State and Zip Code

**robert.lencki@gmail.com**

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

For further information concerning this matter, please call:

**SHARON**

Name of Contact Person

at ( **772** ) **219-2140**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

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| <input checked="" type="checkbox"/> \$35.00 Filing Fee       | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status                 |
| <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy | <input type="checkbox"/> \$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

FILED

ARTICLES OF CORRECTION

16 FEB -1 PM 9:07

For

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

R. A. LENKI ASSOCIATES, INC

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

P16000007048

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 1/20/15  
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

R. A. LENKI ASSOCIATES, INC

ALL OFFICERS -- ROBERT A LENKI

Correct the inaccuracy, incorrect statement, or defect:

R. A. LENCKI ASSOCIATES, INC

ALL OFFICERS -- ROBERT A LENCKI

*Robert A Lencki*

(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.)

ROBERT A LENCKI

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35.00