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COVER LETTER

TO: Amendment Section Division of Corporations			
SUBJECT: SINFLONI, COR	P.		
DOCUMENT NUMBER: P16000033	·		
The enclosed Articles of Correction and fee	e are submitted for filing.		
Please return all correspondence concernin	g this matter to the following:		
MILTON PEREZ			
Name of Contact Person MLP FINANCIAL GROUP Firm/Company	JP INC		
4005 NE 114 AVE #5			
DORAL FL 33178			
mperez@premiumtaxservices.com E-mail address: (to be used for future annual report notification)			
For further information concerning this ma	005 400 0050		
MILTON PEREZ Name of Contact Person	at (305) 406-3858 Area Code & Daytime Telephone Number		
Enclosed is a check for the following amou	int:		
■ \$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

SINFLONI, CORP.	_
Name of Corporation as currently filed with the Florida Dept. of State	, ,
P16000033851	
Document Number (it known)	
Pursuant to the provisions of Section 607.0124 or 617.0124, Florida Statutes these Articles of Correction within 30 days of the file date of the document by	this corporation files being corrected.
These articles of correction correct ARTICLE VII - DIRECTOR LAS	ST NAME,
(Document Type Being Correcte	d)
filed with the Department of State on 4/14/2016 (File Date of Document)	_·
Specify the inaccuracy, incorrect statement, or defect:	אפערוס
DIRECTOR'S LAST NAME INCORRECTLY SPELLED: A	RVELU
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	·
Correct the inaccuracy, incorrect statement, or defect:	
CORRECT LAST NAME: ARBELO	
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(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, of other court appointed fiduciary, by that fiduciary.)	or
one court appointed freedom, by that freedom,	
JOSE L ARBELO CLAVIJO DIRE	ECTOR
(Typed or printed name of person signing)	(Title of person signing)
· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·

Filing Fee: \$35.00