

P1100000063250

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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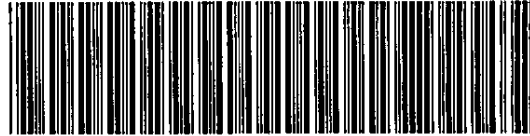
(Business Entity Name)

(Document Number)

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AUG 16 2016

R. WHITE

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16 AUG -8 PM 3:48
SECURITY & OFFICE
TAL BUREAU OF ALABAMA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DUOPS GROUP INC

Name of Corporation

DOCUMENT NUMBER: P16000063250

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

Please return all correspondence concerning this matter to the following:

HECTOR DUQUE

Name of Contact Person

DUOPS GROUP INC

Firm/Company

3090 SE 15TH AVE

Address

HOMESTEAD, FL 33035

City/State and Zip Code

CATELLEZ1@HOTMAIL.COM

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

For further information concerning this matter, please call:

HECTOR DUQUE

Name of Contact Person

at (**415**) **629-6434**

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

FILED

For

16 AUG -8 PM 3:48

DUOPS GROUP INC

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

P16000063250

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 NEW COMPANY REGISTRATION

(Document Type Being Corrected)

filed with the Department of State on 07/25/2016

(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

Officer's name Mistake :

Incorrect: President's name: Christhian Trujillo

Correct the inaccuracy, incorrect statement, or defect:

President's name: Hector Duque

Other information (address) does not change.

(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.)

Hector Duque

(Typed or printed name of person signing)

P.

(Title of person signing)

Filing Fee: \$35.00