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SEP 2 9 2016 R. WHITE

COVER LETTER

Amendment Section TO: **Division of Corporations** Caribbean Systems Integration Corp DOCUMENT NUMBER: P16000070561 The enclosed Articles of Correction and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Adam Leopold Name of Contact Person Caribbean Systems Integration Corp 1625 Atlantic Beach Drive Atlantic Beach, FL. 32233 City/State and Zip Code adam@leopold.us.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Adam Leopold Name of Contact Person Enclosed is a check for the following amount: □ \$43.75 Filing Fee & Certificate of Status **□** \$35.00 Filing Fee \$52.50 Filing Fee, Certificate of Status & □ \$43.75 Filing Fee & Certified Copy Certified Copy **Street Address: Mailing Address:** Amendment Section Amendment Section

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

ARTICLES OF CORRECTION

FILED

For

16 SEP 26 AM 11: 14

	Caribbean S	Systems	Integration	Corp
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Name of Corporation as currently filed with the Florida Dept. of State

(Title of person signing)

P16000070561	
Document Number (if known)	
Pursuant to the provisions of Section 607.0124 or 617.0124, Flo these Articles of Correction within 30 days of the file date of the	document being corrected.
These articles of correction correct Articles of Incorporati	on ,
filed with the Department of State on August 24, 2016 (File Date of Document 1)	pe Being Corrected)
Specify the inaccuracy, incorrect statement, or defect: Article VIII	
The effective date for this corporation shall be:	
11/01/2016	
Correct the inaccuracy, incorrect statement, or defect: Article VIII	
The effective date for this corporation shall be:	
10/01/2016	
(Signature of a director, president or other officer - if director not been selected, by an incorporator - if in the hands of the other court appointed fiduciary, by that fiduciary.)	rs or officers have receiver, trustee, or
Adam Leopold	President

Filing Fee: \$35.00

(Typed or printed name of person signing)