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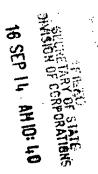
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COVER LETTER

TO: Amendment Section Division of Corporations

Bird Winds Enterprises Co	orp y	
P1600070	Name of Corporation	
DOCUMENT NUMBER:		
The enclosed Articles of Correction and	fee are submitted for filing.	
Please return all correspondence concern	ing this matter to the following:	
Gia Patino		
Name of Contact Person		
Firm/Company		
3510 Harrison Street Apt # 1		
Address		
Hollywood, FL 33021		
City/State and Zip Code birdwingsenterprise@gmail.com		
E-mail address: (to be used for future annual	report notification)	
For further information concerning this n	natter, please call:	
Gia Patino	954 654-4991	
Name of Contact Person	at () Area Code & Daytime Telephone Number	
Enclosed is a check for the following amo	ount:	
□ \$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

Bird Wings Enterprises Corporation

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

P16000070992

Document Number (if know	vn)
Pursuant to the provisions of Section 607.0124 or 617.012 these Articles of Correction within 30 days of the file date These articles of correction correct Corporation name August 25, 2016 File Date of Specify the inaccuracy, incorrect statement, or defect:	of the document being corrected.
The word "Enterprises" on the corporation name.(E	Bird Wings Enterprises Corp)
The email for correspondence for this corporation (same word to be change.	birdwingsenterprises@gmail.com)
Correct the inaccuracy, incorrect statement, or defect: Correct to read Enterprise without the "S" to read E and email to be birdwingsenterprise@gmail.com	Bird Wings Enterprise Corp.
Amy	
(Signature of a director/president or other officer- not been selected, by in incorporator - if in the har other court appointed fiduciary, by that fiduciary.) Gia Patino (Typed or printed name of person signing)	ds of the receiver, trustee, or
VF	,

Filing Fee: \$35.00