P16000015703

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ALT Correction

OCT 25 2016
I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations	·	
SUBJECT: Karibbean L	ife Inc. me of Corporation	
DOCUMENT NUMBER: 10 0 0	10075 103	
The enclosed Articles of Correction and fee	are submitted for filing.	
Please return all correspondence concerning	g this matter to the following:	
Terri G. Sonn, ESC Name of Contact Person	<u>Ø</u>	
Sonn & Mittelmar	1, P.A.	
2999 NE 191 Street, 9	Suite 409	
* Aventura FV 3 City/State and Zip Code	3180	
+gs 6 connmitteim	ort notification)	
For further information concerning this matter, please call:		
Terri Sonn Name of Contact Person	at (305) 4106-9401	
Enclosed is a check for the following amou		
S√\$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	



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 12, 2016

TERRI G. SONN, ESQ. SONN & MITTELMAN, P.A. 2999 NE 191 STREET - STE. 409 AVENTURA, FL 33180

SUBJECT: KARIBBEAN LIFE INC Ref. Number: P16000075703

We have received your document for KARIBBEAN LIFE INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is incomplete.

The name and title of the person signing the document must be noted beneath or opposite the signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

, Irene Albritton Regutatory Specialist II

Letter Number: 116A00021939

ARTICLES OF CORRECTION

· · · · · · · · · · · · · · · · · · ·
For
Marilla and Alla local
Karibbean Lite Inc.
Name of Corporation as currently filed with the Florida Dept. of State
DIL 000075703
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 within 30 days of the file date of the document being corrected.
These articles of correction correct HAICIS CF JUCOPDYCHION
(Document Type Being Corrected)
filed with the Department of State on
Specify the inaccuracy, incorrect statement, or defect:
Inaccuracy within office address, mailing
add ress and officers address. (ZID lode)
Correct the inaccuracy, incorrect statement, or defect:
Office address, mailing address and
officers address should read:
JUD SWILL Street
/1n0
MIAMI, +L 33199
$(\Lambda h(X/\Lambda))$
(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.)
Tien 6 dom portures on fact
(Typed or printed name of person signing) (Title of person signing)

Filing Fee: \$35.00