

P16DDDD091114

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(Business Entity Name)

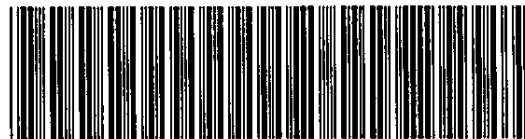
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Ant. Correction

NOV 29 2016

1 ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: PETROVEMEX SERVICES, CORP

Name of Corporation

DOCUMENT NUMBER: P16000091114

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

Please return all correspondence concerning this matter to the following:

HILDA M. MONTESDEOCA

Name of Contact Person

PETROVEMEX SERVICES, CORP

Firm/Company

4987 N UNIVERSITY DR. STE. 27

Address

LAUDERHILL, FL 33351

City/State and Zip Code

dm@itasolutions.co

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

For further information concerning this matter, please call:

Hilda M Montesdeoca

Name of Contact Person

at (**954**) **572-5919**

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

For

PETROVEMEX SERVICES, CORP

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

P1600009114

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 **ARTICLES OF INCORPORATION**,
(Document Type Being Corrected)

filed with the Department of State on **NOVEMBER 14, 2016**,
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

**THE NAME OF THE INCORPORATOR, PRESIDENT AND S/T OF THE
CORPORATION IS INCOMPLETE ON THE ARTICLES OF INCORPORATION
VI AND VII.**

THE CORRECT NAME IS:

OSCAR ALBERTO NINO ZAMBRANO

Correct the inaccuracy, incorrect statement, or defect:

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TALLAHASSEE, FLORIDA

(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.)

OSCAR ALBERTO NINO Z

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35.00