P17000001870

(Re	questor's Name)	
(Ad	dress)	· · · · · · · · · · · · · · · · · · ·
•		
(Ad	ldress)	
·	,	
(Ci	ty/State/Zip/Phone	-
(CII	.y/State/Zip/Pnon	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	me)
(Dc	cument Number)	<u> </u>
(,	
Continue Continu	0-45-4-	6 O4 - 1
Certified Copies Certificates of Status		
Special Instructions to	Filing Officer:	
		j
		1
		ł

Office Use Only



700293482017

01/23/17--01020--020 **35.00

2017 (34 23 PM P: 02

Ant Correction Name th 8

> JAN 24 2017 I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: CJAT.	I NC me of Corporation
DOCUMENT NUMBER: P171	000001870
The enclosed Articles of Correction and fee	are submitted for filing.
Please return all correspondence concerning	g this matter to the following:
MATHIEU COMEA Name of Contact Person	
CSMT1 INC	
4100 D ROUFILINE	RO FI
POWALD RULL FOR City/State and Zip Code	33073
mathies & CTUTI CO	ort notification)
For further information concerning this mat	ter, please call:
Name of Contact Person	at (C S U) 818 - 2 513 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount	nt:
\$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	ユ :霊
Name of Corporation as currently filed with the Florida Dept. of State	- 13
Document Number (if known)	
Pursuant to the provisions of Section 607.0124 or 617.0124, Florida Statutes, this corporation these Articles of Correction within 30 days of the file date of the document being corrected.	on files
These articles of correction correct(Document Type Being Corrected)	
filed with the Department of State on (File Date of Document)	
Specify the inaccuracy, incorrect statement, or defect:	
WAS FILED AS CITATI , INC	
REMOVE THE "I" AL COMIT	
4.	
Correct the inaccuracy, incorrect statement, or defect:	
NEEDS TO BE CJMT, INC	
1 (
(Signature of a director, possiblent of 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.)	

Filing Fee: \$35.00