P17000030126

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COVER LETTER

TO: Amendment Section Division of Corporations			
SUBJECT: L CP NU	VSE COVP		
DOCUMENT NUMBER: <u>117000030126</u>			
The enclosed Articles of Correction and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
Maria Lopez Name of Contact Person			
L CP NUVSE COVA			
_ 2980 W 2nd Ave			
Hialeale FL 3 City/State and Zip Code	3012		
may ne vesto bez e Jalvo, com E-mail address: (to be used for future annual report netification)			
For further information concerning this matter, please call:			
Name of Contact Person	at (305) \$10 5162 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

,			
L CP NUrse corp			
Name of Corporation as currently filed with the Florida Dept of State			
P17000030126 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 LP. NURSE Corb Name, (Document Type Being Corrected)			
filed with the Department of State on 03/31/2017. (File Date of Decument)			
Specify the inaccuracy, incorrect statement, or defect:			
the error was the letter "C" and the space, I want the name			
and the space, I want the your			
appear LP NURSE Corp.			
· · · · · · · · · · · · · · · · · · ·			
Correct the inaccuracy, incorrect statement, or defect: I point went L CP NUVS Corp as the new of my company			
I want LP NUrse Corp			
(Signature of a director, president or their 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.)			
Plania Cobez (Typed or printed name of person signing) (Typed or printed name of person signing)			

Filing Fee: \$35.00