P176000030599

(Requestor's Name) (Address)	500297358135		
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COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: FUNERARIA VI	NER ALVEREZ INC
DOCUMENT NUMBER: P1700003	•
The enclosed Articles of Correction and f	ee are submitted for filing.
Please return all correspondence concerni	ing this matter to the following:
SAM SAMI	
Name of Contact Person	
SAM SAMI & ASSOCIAT	ES LLC
Firm/Company	ID (1050
8181 W BROWARD BLV	D #350
PLANTATION FL 3332	24
SAMSAMIEA@AOL.C	· · · · · · · · · · · · · · · · ·
For further information concerning this m	
SAM SAMI Name of Contact Person	at (954) 536-6777
Enclosed is a check for the following amo	•••••••
■ \$35.00 Filing Fee	<u></u> .
□ \$43.75 Filing Fee & Certified Copy	□ \$43.75 Filing Fee & Certificate of Status
	☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy
Mailing Address: Amendment Section	Street Address: Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle
1 and 11 d 12 3 2 3 1 4	Tallahassa El 32301

ARTICLES OF CORRECTION

For

FUNERARIA VINER ALVEREZ INC Name of Corporation as currently filed with the Florida Dept. of State			
P17000030599			
Document Number (if known)			
Pursuant to the provisions of Section 607.0124 or 617.0124, Florida Statutes, this corporati these Articles of Correction within 30 days of the file date of the document being corrected	on files		
These articles of correction correct ARTICLES OF INCORPORATION	_		
(Document Type Being Corrected)			
filed with the Department of State on 4/3/17			
(File Date of Document)			
Specify the inaccuracy, incorrect statement, or defect:			
The name of the corporation:			
FUNERARIA VINER ALVEREZ INC		_	
The name of the incorporator:	A	17	
CARMEN BELEN VINER AVEREZ		APR	·
The name of the initial officer:			
CARMEN ALVEREZ		_ 	£.
	0.7	_	
Correct the inaccuracy, incorrect statement, or defect:	E F	÷.	
The name of the corporation should be:	32	•	
FUNERARIA VINER ALVAREZ INC		_	
The name of the incorporator should be:		_	
CARMEN BELEN VINER ALVAREZ		_	
The name of the initial officer should be:		_	
CARMEN BELEN VINER ALVAREZ		_	

(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.)

CARMEN ALVAREZ

(Typed or printed name of person signing)

PRES

(Title of person signing)

Filing Fee: \$35.00