

| (Requestor's Name) | | | | | |
|---|------------------------|------|--|--|--|
| (Address) | | | | | |
| (Address) | | | | | |
| (City/State/Zip/Phone #) | | | | | |
| PICK-UP | ☐ WAIT | MAIL | | | |
| (Business Entity Name) | | | | | |
| (Document Number) | | | | | |
| Certified Copies | Certificates of Status | | | | |
| Special Instructions to Filing Officer: | | | | | |
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Office Use Only



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MAY 01 2017
R. WHITE

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COVER LETTER

| TO: Amendment Section Division of Corporations | |
|---|---|
| SUBJECT: DER SOULTIONS | GROUP, INC. |
| DOCUMENT NUMBER: P1700 | 000 33423 |
| The enclosed Articles of Correction and fe | ee are submitted for filing. |
| Please return all correspondence concerning | R SOUTIONS GROUP, Juc. Name of Corporation MBER: P 7 0000 33423 es of Correction and fee are submitted for filing. respondence concerning this matter to the following: RODAS Name of Contact Person IONS GROUP, Juc. Firm/Company 22 AYE + 304 Address MIAMI BEACH City/State and Zip Code SERS C GMAIL. Com ser (to be used for future annual report notification) ction concerning this matter, please call: DAS Contact Person at (954) Area Code & Daytime Telephone Number for the following amount: e |
| SE RODAS Name of Contact Person | |
| JEK SOLUTIONS GROUB, S | INC. |
| 16465 NE ZZ AYE # | 304 |
| NORTH MIAMI BEACH City/State and Zip Code | · |
| SATS MOFFERS CMAIL. E-mail address: (to be used for future annual re | eport notification) |
| For further information concerning this ma | atter, please call: |
| Name of Contact Person | at (954) 895-4374 Area Code & Daytime Telephone Number |
| Enclosed is a check for the following amo | unt: |
| \$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 | Amendment Section Division of Corporations Clifton Building |

ARTICLES OF CORRECTION

| | ARTICLES | or conduction | | |
|--|---|---|--|--------------|
| ⁷ / ₄ | | For | 17 APR 27 AM I | 1:03 |
| SER | SOULTTONS | GROUP T | | 후 * - 왕' |
| | Name of Corporation as curre | antly filed with the Florida Dept. o | fState | , |
| | P170000 | 033423 | | |
| | Documen | t Number (if known) | | |
| Pursuant to the provision these Articles of Correct | ns of Section 607.0124 ion within 30 days of | or 617.0124, Florida the file date of the doc | Statutes, this corporatio ument being corrected. | n files |
| These articles of correct | ion correct NAME | OF CORPORATI | الره | ب |
| | | · · · · · · · · · · · · · · · · · · · | | |
| iled with the Departmen | nt of State on | (File Date of Document) | ······································ | |
| Specify the inaccuracy, i | incorrect statement, or | defect: | | |
| | | | | |
| VAME OF CORP | PORATION IS: | JER SOU | LTIONS GR | OUP, INC. |
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| ······································ | | | | |
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| | | | | |
| Correct the inaccuracy, i | ncorrect statement, or | defect: | | |
| | | | | |
| NAME OF CORPO | RATION SHOW | ID BE: JER | SOLUTIONS | GRAP, IN |
| | | | | |
| | " SOLUTION | < NOT SO | ULT1025" | |
| | 3020 ((0) | <u> </u> | 061(02) | |
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| | | | | |
| | (Signature of a director, president | or other officer - if directors or of | ficers have | |
| | not been selected, by an incorpor other court appointed fiduciary, I | or other officer - if directors or of ator - if in the hands of the receive by that fiduciary.) | er, trustee, or | |
| | •• | | | |
| \ | 201. | | Dos | |
| Jose R (Typed or printed | name of person signing) | | (Title of person signin | <u>.g)</u> |

Filing Fee: \$35.00