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R. WHILE

COVER LETTER

TO: Amendment Section Division of Corporations				
SUBJECT: TTALIAN T	aste INC me of Corporation			
DOCUMENT NUMBER: P170000 H29 H8				
The enclosed Articles of Correction and fee	are submitted for filing.			
Please return all correspondence concerning	this matter to the following:			
Lek Lleshi Name of Contact Person				
TTALIAN Taste	INC -			
2026 Edgewood Aven				
Jacksonville Florida City/State and Zip Code	32454			
LLL @ 111 services. U E-mail address: (to be used for future annual repo	Sort notification)			
For further information concerning this mat	ter, please call:			
Lek LLeshi Name of Contact Person	at (904) H76-H999 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

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ARTICLES OF CORRECTION		
For	' har 30	PH 1:48
TTALIAN Taste TNC Name of Corporation as currently filed with the Fiorida Dept. of State		*
P17000 H2948 Document Number (if known)		
Pursuant to the provisions of Section 607.0124 or 617.0124, Florida Statutes these Articles of Correction within 30 days of the file date of the document l	s, this corpoeing corre	oration files ected.
These articles of correction correct(Document Type Being Corrected	vd)	 ,
filed with the Department of State on	_·	
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filing. The effective date show	old b	و
5/17/2017		· · · · · · · · · · · · · · · · · · ·
		
Correct the inaccuracy, incorrect statement, or defect:		
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6/1/17. Change +0 5/17/2017		
7		
(Signature of a director, president and the Market our fit directors or officers have not been selected, by an incorporation of the hands of the receiver, trustee, of other court appointed fiduciary, by that fiduciary.)	r	
Lek Leshi (Typed or printed name of person signing)	Siden (Title of perso	J T on signing)

Filing Fee: \$35.00