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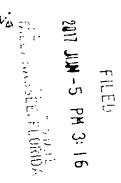
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C. GOLDEN

JUN - 7 2017

COVER LETTER

TO: Amendment Section Division of Corporations				
SUBJECT: PLASTIKMOUL	DING CO	RPORATION		
DOCUMENT NUMBER: P1700004	Name of Corporation			
The enclosed Articles of Correction and f	ee are submitted f	or filing.		
Please return all correspondence concerni	ng this matter to t	he following:		
LIZ GARRIDO CPA				
Name of Contact Person		-		
LIZ GARRIDO CPA				
Furn/Company		-		
5630 NE TRIESTE TE	RRACE	_		
BOCA RATON, FL 334	487	_		
City/State and Zip Code				
LIZSVET@AOL.COM	mant and thousand	-		
For further information concerning this m	atter, please call:			
LIZ GARRIDO	_{at (} 954	275-8031		
Name of Contact Person	\ Area Cod	e & Daytime Telephone Number		
Enclosed is a check for the following amo	ount:			
■ \$35.00 Filing Fee	□ \$43.75 Filir	ng Fee & Certificate of Status		
☐ \$43.75 Filing Fee & Certified Copy	☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy			
Mailing Address: Amendment Section	Street Addres Amendment So			

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Division of Corporations Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

ARTICLES OF CORRECTION

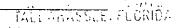
FILED

For

2017 JUN -5 PM 3: 16

PLASTIKMOULDING CO	ORPORATION
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Name of Corporation as currently filed with the Florida Dept. of State



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P1	71	Ul	Ж.	JU J	44	41	b

EXAMBER AUTOCI (II KIIOWII)	
Pursuant to the provisions of Section 607.0124 or 617.0124, Florida Statutes, this c these Articles of Correction within 30 days of the file date of the document being e	orporation files orrected.
These articles of correction correct CORPORATION (Description Corrected)	
(Twomen Tipe Being Contelled)	
filed with the Department of State on 05/17/17	
(File Date of Document)	
Specify the inaccuracy, incorrect statement, or defect:	
NAME WAS ENTERED INCORRECTLY	
PLASTIKMOULDING CORPORATION	
Correct the inaccuracy, incorrect statement, or defect:	
PLASTIK MOLDING CORPORATION	
	
,	
(Signature of a director president or other officer - if directors or officers have not been selected, by an interpolator - if in the hands of the receiver, trustee, or other court appointed fiduciary, by that fiduciary.)	
GUSTAVO LOPEZ PRESIDE	ENT

(Typed or printed name of person signing)

(Title of person signing)

Filing Fee: \$35.00