

PI7000057072

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

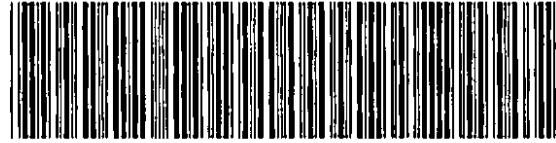
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Art Correction

AUG 09 2017  
I ALBRITTON

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: The Craftsman Hospitality Group, Inc  
Name of Corporation

DOCUMENT NUMBER: P17000057672

The enclosed Articles of Correction and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Dustin Elmalem  
Name of Contact Person

The Craftsman  
Firm/Company

900 South Miami Ave #135  
Address

Miami/FL 33130  
City/State and Zip Code

d\_elmalem@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dustin Elmalem at ( 954 ) 529-5453  
Name of Contact Person      Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> \$35.00 Filing Fee       | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status                 |
| <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy | <input type="checkbox"/> \$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

The Craftsman Hospitality Group, Inc

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

P17000057672

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 the effective start date

(Document Type Being Corrected)

filed with the Department of State on July 5<sup>th</sup> 2017

(File Date of Document)


Specify the inaccuracy, incorrect statement, or defect:

Effective date of September 01, 2017

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2017 AUG -6 PM 2:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Correct the inaccuracy, incorrect statement, or defect:

Effective date of August 01, 2017

  
(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.)

Dustin Elmalem

(Typed or printed name of person signing)

Owner/Secretary  
(Title of person signing)

Filing Fee: \$35.00