

P17000082032

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

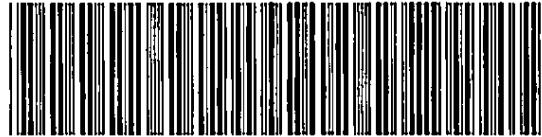
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000304810630

10/23/17--01028--017 \*\*35.00

FILED

2017 OCT 23 PM 2:48

RECEIVED  
FALLS CHURCH  
VA 22034

Art Correction

OCT 24 2017  
I ALBRITTON

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: YT LAND SERVICES INC  
Name of Corporation

DOCUMENT NUMBER: P17000082032

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

Please return all correspondence concerning this matter to the following:

REYES TAPIA ORTIZ

Name of Contact Person

YT LAND SERVICES INC

Firm/Company

657 AVENUE D NW

Address

MOORE HAVEN, FL 33471

City/State and Zip Code

GARSOZA@BELLSOUTH.NET

E-mail address; (to be used for future annual report notification)

For further information concerning this matter, please call:

REYES TAPIA ORTIZ

Name of Contact Person

at ( 260 ) 585-7605

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$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

For

YT LAND SERVICES INC

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

P17000082032

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 ARTICLES OF INCORPORATION  
(Document Type Being Corrected)

filed with the Department of State on 10/11<sup>th</sup> / 2017  
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

NAME OF REGISTERED AGENT AND PRESIDENT

IS INCOMPLETE AS ENTERED : TAPIA, REYES

Correct the inaccuracy, incorrect statement, or defect:

COMPLETE NAME OF REGISTERED AGENT AND PRESIDENT

IS : TAPIA ORTIZ, REYES



(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.)

REYES TAPIA ORTIZ

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35.00

FILED  
2017 OCT 23 PM 3:49  
TALLAHASSEE  
FLORIDA  
STATE