

PM000084335

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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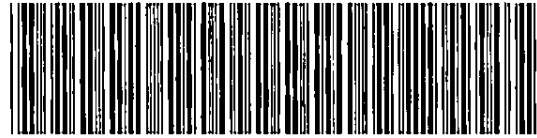
(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** NOPAL DE GUERRERO CORP

Name of Corporation

**DOCUMENT NUMBER:** P17000084335

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

Please return all correspondence concerning this matter to the following:

**OSCAR SANTOS**

Name of Contact Person

Firm/Company

**7591 UNIVERSITY BLVD**

Address

**WINTER PARK, FL 32792**

City/State and Zip Code

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

For further information concerning this matter, please call:

**OSCAR SANTOS**

Name of Contact Person

at ( 407 ) 515-0154

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

**NOPAL DE GUERRERO CORP**

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

**P17000084335**

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 P17000084335  
(Document Type Being Corrected)

filed with the Department of State on 10/18/2017  
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

**DE LOS SANTOS, IRIS**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_


Correct the inaccuracy, incorrect statement, or defect:

**DE LOS SANTOS, EDIE**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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TALLAHASSEE, FLORIDA

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(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)

**OSCAR SANTOS**

(Typed or printed name of person signing)

**PRESIDENT**

(Title of person signing)

**Filing Fee: \$35.00**