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Kyticles Correction

COVER LETTER

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TO: Amendment Section Division of Corporations	
SUBJECT: EPY 1 ROSY La	nd Scapins INC
DOCUMENT NUMBER: PITCOC	88044
The enclosed Articles of Correction and fee	are submitted for filing.
Please return all correspondence concerning	this matter to the following:
Epifanes Perez Velase	zez
EPY 1 Rosy Landso pine	3 Inc
Gal NW and ST	
Bonton Boach FL 33435	
1- So3 a @ bell suth het E-mail address: (to be used for future annual repo	
For further information concerning this mat	ter, please call:
Ep. Fareo Name of Contact Person	at (SO1) 201-8224 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount	
\$35.00 Filing Fee	□ \$43.75 Filing Fee & Certificate of Status
S43.75 Filing Fee & Certified Copy	S52.50 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

Epy V Rosy Landscipping Inc			
Name of Corporation as currently filed with the Florida Dept. of	State		
P17000088044			
Document Number (if known)	-		
Pursuant to the provisions of Section 607.0124 or 617.0124, Florida S these Articles of Correction within 30 days of the file date of the docu	Statutes, th iment beir	is corporation files	i
These articles of correction correct Articles of Incorporation (Document Type Bein	. 90	;	
filed with the Department of State on 10 31 201 (Hie Date of Document)	g Corrected)		
Specify the inaccuracy, incorrect statement, or defect:			
Last Name of Vice project Shows Go	llegas	,	
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		D.H.I.	. ⊇
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Correct the inaccuracy, incorrect statement, or defect:	4 - C	Gall	
LAST Name of Vice president should Show	0 47	Eallego2	_
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(Shabature of a director, president or other officer - if directors or offi not been selected, by an incorporator - if in the hands of the receiver other court appointed fiduciary, by that fiduciary.)	cers have , trustee, or	_	
Q so 5	\ /o_	Once 1-1	
Kosa E. (Typed or printed name of person signing)	· · · · · · · · · · · · · · · · · · ·	President de of person signing)	_
(Typed or printed name of person signing)	(Ti	tle of person signing)	

Filing Fee: \$35.00