

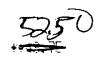
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TO: Amendment Section Division of Corporations

Division of Corporations		
SUBJECT: THRUST TECH	ENGINE	ERING, INC
DOCUMENT NUMBER: P1700009	Name of Corporation 3063	
The enclosed Articles of Correction and f		for filing.
Please return all correspondence concerni	ing this matter to	the following:
Albert Corrada		
Name of Contact Person		_
Albert Corrada CPA		_
2655 LeJeune Road S	uite 902	_
Coral Gables, FL 3313	34	_
acorrada@corradacpa		_
For further information concerning this m		
Albert Corrada	•	804-8569 de & Daytime Telephone Number
Name of Contact Person	Area Coa	de & Daytime Telephone Number
Enclosed is a check for the following amo	ount:	
■ \$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

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ARTICLES OF CORRECTION

17 DEC 21 PH 2: 05

For

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

THRUST TECH ENGINEERING, INC

TALL ALCOHOLOGICA

P17000093063 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 11/20/2017 Specify the inaccuracy, incorrect statement, or defect: Incorrect address 8360 SW 148TH DRIVE PALMETTO BAY, FL 33158 Correct the inaccuracy, incorrect statement, or defect: Correct address: 6701 B NW 12 Ave Ft Lauderdale, FL 33309

(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.)

STANLEY KOWLESSAR

President

(Typed or printed name of person signing)

(Title of person signing)

Filing Fee: \$35.00