

P180000 21944

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

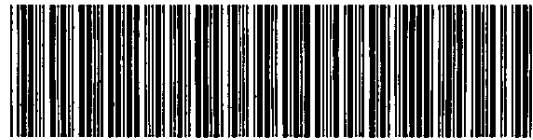
(Business Entity Name)

(Document Number)

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S TALLENT
APR 16 2018

Articles
of
Connecticut

18 APR 13 AM 7:42

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 27, 2018

MICHELLE GOMEZ
1015 E. SUNRISE BLVD #306
FORT LAUDERDALE, FL 33304

SUBJECT: MICHELE LYNN GOMEZ P.A.
Ref. Number: P18000021944

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

THE DOCUMENT TYPE BEING CORRECTED SHOULD STATE "ARTICLES OF INCORPORATION".

PLEASE CORRECT TITLE OF PERSON SIGNING.

Please note that it is encouraged to use titles as shown, by replacing the officer/director title by the first letter of the office title: P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent
Regulatory Specialist II

Letter Number: 618A00006

RECEIVED
18 APR 13 PM 12:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Michelle Lynn Gomez P.A.
Name of Corporation

DOCUMENT NUMBER: P18000021944

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

Please return all correspondence concerning this matter to the following:

Michelle Gomez
Name of Contact Person

Firm/Company

1015 E. Sunrise Blvd #306
Address

Fort Lauderdale, FL, 33304
City/State and Zip Code

Michelle.gomez@realtor@gmail.com ✓
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michelle Gomez at (310) 809-7163
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

Michelle Lynn Gomez P.A.

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

918000021944

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 Florida Profit Corporation Articles of Incorporation
(Document Type Being Corrected)

filed with the Department of State on 3/20/18
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:


My first name is incorrect as of Now: (Michelle)

FILED

18 APR 13 AM 7:42

Correct the inaccuracy, incorrect statement, or defect:

My first Name is Supposed to be Spelled as (Michelle)


(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.)

Michelle Gomez

(Typed or printed name of person signing)

Gomez / Realtor

(Title of person signing)

CEO*

Filing Fee: \$35.00