## P18000022899

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SECRETARY OF STATE

A. Butter

## **COVER LETTER**

TO: Amendment Section

Division of Corporations		
SUBJECT: UPING CORP		
SUBJECT:	Name of Corporation	
DOCUMENT NUMBER: P18000022899		
The enclosed Articles of Correction and	fee are submitted	for filing.
Please return all correspondence concern	ing this matter to	the following:
PETER GABRIEL ESTRELLA GALDINO MA	CEDO	
Name of Contact Person		<del>_</del>
UPING CORP		
Firm/Company		<u> </u>
8911 Hatfield Ct		
Address	<u>-</u>	_
Tampa, FL 33615		
City/State and Zip Code		_
petergemg@gmail.com		
E-mail address: (to be used for future annual	report notification)	_
For further information concerning this n	natter, please call:	
Peter Gabriel Estrella Macedo	352 at (	667-2042
Name of Contact Person	Area Code	Daytime Telephone Number
Enclosed is a check for the following amo	ount:	
□ \$35.00 Filing Fee	☐ S43.75 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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF CORRECTION

For

FILED

UPING CORP		î î F∞, Ess Est
	Name of Corporation as currently filed with the F	lorida Dept. of Selfe JUN 28 AN 8:01
	P18000022899	SECRETARY OF STATE FALLAHASSEE, FL
	Document Number (if known)	MULANASSEEFFE
	ions of Section 607.0124, Florida State	utes.
These articles of corre	ction correct Articles of Incorporation	
	(Docum	ent Type Being Corrected)
filed with the Departm	nent of State on	<u></u>
	(File Date of Do	cument)
Specify the inaccuracy	, incorrect statement, or defect:	
Name of company misspe	lled and have missing word	
<del></del>	· ·	
· · · · · · · · · · · · · · · · · · ·		
<del></del>		
Correct the inaccuracy	, incorrect statement, or defect:	
UPPING DIGITAL CORI	)	
		·
······		
		· · · · · ·
_/	(Signature of a director, president or other other - if di not been selected, by an incorporator - if in the hands o other court appointed fiduciary, by that fiduciary.)	rectors or officers have f the receiver, trustee, or
	ELLA MACEDO GALDINO	President
(Typed or print	ed name of person signing)	(Title of person signing)

Filing Fee: \$35.00