

P18000054402

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

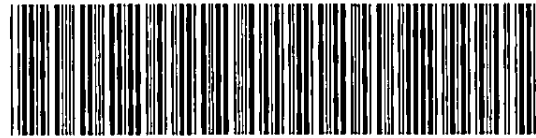
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500315391535

07/13/18--01009--020 **35.00

FILED

2018 JUL 13 P 11:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUL 24 2018

AC

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: **BLAT CONTINENTAL INC.**

Name of Corporation

DOCUMENT NUMBER: P18000054402

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

Please return all correspondence concerning this matter to the following:

Name of Contact Person

BLAT CONTINENTAL INC.

Firm/Company

601 SILKS RUN UNIT 1440

Address

HALLANDALE BEACH FL 33009

City/State and Zip Code

WILDDANCAN@AOL.COM

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

For further information concerning this matter, please call:

LINA MOLINA

Name of Contact Person

at (**954**) **279-9306**

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

BLAT CONTINENTAL, INC.

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

P18000054402

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 ARTICLE VII
(Document Type Being Corrected)

filed with the Department of State on JUNE 18, 2018
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

INCORRECT OFFICER: BORIS CHERFAS, PRESIDENT

1985 S. OCEAN DR. APT 21N

HALLANDALE, FL 33009 US

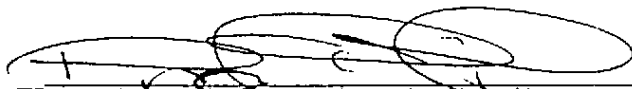
Correct the inaccuracy, incorrect statement, or defect:

CORRECT OFFICER: LINA MOLINA, PRESIDENT

20350 WEST COUNTRY

BUILDING 4, APT 101

AVENTURA, FL 33180 US



(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.)

LINA MOLINA

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35.00

FILED
2018 JUL 13 PM 09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA