## P190000 42215

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## **COVER LETTER**

<b>TO:</b> Amendment Section Division of Corporations	
SUBJECT: JACC POOLS (	CORP
DOCUMENT NUMBER: P1900004	•
The enclosed Articles of Correction and t	fee are submitted for filing.
Please return all correspondence concern	ing this matter to the following:
HECTOR CARDOZO	
Name of Contact Person	
JACC POOLS CORP	
1345 W 41ST STREE	T APT1
HIALEAH, FL 33012	
City/State and Zip Code	
jaccpoolscorp@gmail.	
E-mail address: (to be used for future annual	report notification)
For further information concerning this n	natter, please call:
Hector Cardozo	at (
Name of Contact Person	Area Code & 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

## ARTICLES OF CORRECTION

For

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Name of Corporation as currently filed with the Florida Dept. of State		
P19000042215		
Document Number (if known)		
Pursuant to the provisions of Section 607.0124 or 617.0124, Florida Statutes, this eatherse Articles of Correction within 30 days of the file date of the document being co	rrected	s
These articles of correction correct CORPORATE FILLING Articles of In  (Document Type Being Corrected)	corporation 	
filed with the Department of State on MAY 14, 2019  (File Date of Document)		
Specify the inaccuracy, incorrect statement, or defect: THE NAME WAS NOT FILED CORRECT		
SHOULD BE: JACC POOLS CORP		
NOT -JAAC POOLS CORP		
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	OC P	
Correct the inaccuracy, incorrect statement, or defect: SHOULD BE FILED AS: JACC POOLS CORP	ESTATE STATE	- ภ
NOT AS: JAAC POOLS CORP		
		<del>-</del>
(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.)		

**HECTOR CARDOZO** 

**PRESIDENT** 

(Typed or printed name of person signing)

(Title of person signing)

Filing Fee: \$35.00