

PI9 000074393

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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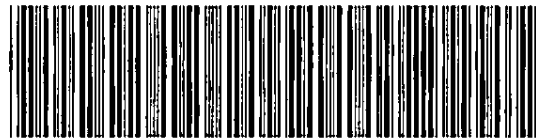
(Business Entity Name)

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210

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: AMERICOLEND INC
Name of Corporation

DOCUMENT NUMBER: P1900074393

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

Please return all correspondence concerning this matter to the following:

C/O ANA L SAINZ

Name of Contact Person

REALENT INC

Firm/Company

207-2 N MAIN AVE

Address

LAKE PLACID, FL 33852

City/State and Zip Code

ANASAINZPA@GMAIL.COM

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

For further information concerning this matter, please call:

ANA L SAINZ

Name of Contact Person

at (786) 322-9349
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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF CORRECTION

For

AMERCOLEND INC

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

P19000074393

Document Number (if known)

Pursuant to the provisions of Section 607.0124, Florida Statutes.

These articles of correction correct NAME TO AMERCOLENT INC

(Document Type Being Corrected)

filed with the Department of State on 09/20/2019

(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

CORRECT NAME TO AMERCOLENT INC

MISSEDSPELLED D INSTEAD OF T

Correct the inaccuracy, incorrect statement, or defect:

AMERCOLENT INC

LUIS EGEA ELJACH
(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.)

LUIS EGEA ELJACH

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35.00