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COVER LETTER

TO: Amendment Section Division of Corporations	
MUCLEAW P.A. SUBJECT:	
SOBSECT.	Name of Corporation
DOCUMENT NUMBER: P20000007155	
The enclosed Articles of Correction and for	ee are submitted for filing.
Please return all correspondence concerni	ng this matter to the following:
MARIANA MUCI	
Name of Contact Person	
MUCI LAW P.A.	
Firm/Company	
5713 NW 114TH CT APT, 107	
Address	
DORAL, FLORIDA 33178	
City/State and Zip Code	- 111
mmuci1@gmail.com	
E-mail address (to be used for future annual r	eport notification)
For further information concerning this m	atter, please call:
MARIANA MUCI	305 877-4314
Name of Contact Person	at ()
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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, F1, 32303

ARTICLES OF CORRECTION

For

MUCLLAW P.A.
Name of Corporation as currently filed with the Florida Dept- of State
P20000007155
Document Number (if known)
Pursuant to the provisions of Section 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 (December Type Being Corrected)
These articles of correction correct
filed with the Department of State on
(File Date of Document)
Specify the inaccuracy, incorrect statement, or defect:
The address shown on the articles of incorporation references an apartment number 105 which is incorrect.
5: 5
T. P.
Correct the inaccuracy, incorrect statement, or defect:
The correct apartment number is 107. The princial address, mailing address, and registered agent's address should
be the following:
5713 NW 114TH CT, APT, 107
DORAL, Ft. 33178
(Signature of a paretor, president or other officer—if directors or officers have not been selected, by an incorpolator—if in the hands of the receiver, trustee, or other coun articointed fiduciary, by that fiduciary)
Mariana C. Mui (Typed or printed name of person signing) (Title of person signing)

Filing Fee: \$35.00