# P20000058991

(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



100351594321

9 (00.1) 90 H125 -005 (\*\*5).00

t Corrons

OCT 1 8 2020

### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

SUBJECT:	
•	Name of Corporation
DOCUMENT NUMBER:	
The enclosed Articles of Correction and fe	ee are submitted for filing.
Please return all correspondence concerning	ng this matter to the following:
Name of Contact Person	
Firm/Company	
Address	
City/State and Zip Code	
E-mail address; (to be used for future annual r	eport notification)
For further information concerning this m	atter, please call:
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, FL 32303

## ARTICLES OF CORRECTION

For

Debelle Mansport Colp.	·
Name of Corporation as currently filed with the Florida Dept. of State	
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 AY+1.C.S.O.F.T.N.C.O.T.O.C.O.C.O.C.O.C.O.C.O.C.O.C.O.C.O	tion
Specify the inaccuracy, incorrect statement, or defect:  Name 15 1 1 Correct - The Correct of	o pomini
name Should be D'Delle Hans,	Nachall
(i)(h).	<u> </u>
<del> </del>	
Correct the inaccuracy, incorrect statement, or defect:  \[ \begin{align*} \text{O(I)} & \text{V(I)} & \text{O(I)} \\ \text{O(I)} & \text{O(I)} & O(	
	<del>(``</del> )
· · · · · · · · · · · · · · · · · · ·	<del>-</del>
	<u> </u>
	<del>- =:</del>
	<del></del>
(Signature of a director, president or other officer - if directors or officers have	ω
not been selected, by an incorporator - if in the hands of the receiver, trustee, or other court appointed fiduciary, by that fiduciary.)	
Roberto Barrasi (Typed or printed name of person signing) (Title of person signing) (Title of person signing)	(mg)
( ) yes or primes made or person signing) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (	шь)

Filing Fee: \$35.00