P20000059539

| (Requestor's Name) |
|---|
| (Address) |
| , |
| (Address) |
| (City (Chang Tip ID) and (D) |
| (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



600350493566

08/17/20--01922--003 **\$5.00

20 AUG 17 AMIL: 12

(naitsers)

OCT 0.5 2009

D CUSHING

COVER LETTER

TO: Amendment Section Division of Corporations

| SUBJECT: COCHING BY CRIS INC | | | | |
|---|--|-----------------------------------|--------------|--|
| DOCUMENT NUMBER: P20000059539 | Name of Corporation | | | |
| The enclosed Articles of Correction and for | | ed for filing | | |
| | | • | | |
| Please return all correspondence concerni | ng this matter t | to the following: | | |
| CRISTIAN C MORALES | | | | |
| Name of Contact Person | _ | | | |
| COACHING BY CRIS INC | | | | |
| Firm/Company | | | | |
| 10690 NW 14TH STREET , SUITE 134 | | | | |
| Address | | | | |
| PLANTATION, FL 33322 | | | | |
| City/State and Zip Code | | | 2 | |
| GIANCAM@HOTMAIL.ES | | | 20 AUG | |
| E-mail address: (to be used for future annual r | eport notification) | | ري | |
| For further information concerning this m | atter, please ca | 11: | 20 AUG 17 AM | |
| CRISTIAN M MORALES | 908 at (| 838-1990) | MII: 12 | |
| Name of Contact Person | `Area Coo | le Daytime Telephone Number | ~~~ | |
| Enclosed is a check for the following amo | ount: | | | |
| □ \$35.00 Filing Fee | ☐ \$43.75 Filing Fee & Certificate of Status | | atus | |
| □ \$43.75 Filing Fee & Certified Copy | ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy | | us & | |
| Mailing Address: Amendment Section | | Street Address: Amendment Section | | |
| Division of Corporations | | | | |
| P.O. Box 6327 | | The Centre of Tallahassee | | |
| Tallahassee, FL 32314 | 2415 N. Monroe Street, Suite 810 | | | |

Tallahassee, FL 32303

ARTICLES OF CORRECTION

For

| COCHING BY CRIS INC | • | |
|--|-------------------------------------|-------------|
| Name of Corporation as currently filed with the F | lorida Dept, of State | |
| P20000059539 | | |
| Document Number (if known | | |
| Contain Contai | , | |
| Pursuant to the provisions of Section 607.0124, Florida Stat | | |
| These articles of correction correct Article 1 : COACHING BY | Y CRIS INC | |
| (Docum | ient Type Being Corrected) | |
| filed with the Department of State on 67/30/2020 (File Date of | ocument) | |
| Specify the inaccuracy, incorrect statement, or defect: | | |
| COCHING BY CRIS INC | | |
| | | - |
| | | - |
| | | _ |
| | | |
| · | | - |
| | | - _:: |
| | | -¥32 333 |
| Correct the inaccuracy, incorrect statement, or defect: | AUG | |
| COACHING BY CRIS INC | ~~~ | : = ; |
| | | - (J |
| | | <u> </u> |
| | _ | COM CRAI |
| | 2 | - :: |
| | | - ^ |
| | | - |
| | | - |
| | | |
| Cashar O Nomber | | |
| (Signature of a director, president or other officer - if on been selected, by an incorporator - if in the hands | directors or officers have | |
| other court appointed fiduciary, by that fiduciary.) | or me receiver, dubite, or | |
| CRISTIAN C MORALES | DD CCHNCNT | |
| (Typed or printed name of person signing) | PRESIDENT (Title of person signing) | - |
| | Zame at harmon me. me. | |

Filing Fee: \$35.00