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COVER LETTER

TO:	Amendment Section Division of Corporations			
	CAPSULA AGS COMPANY COR			
SUB.	JECT:			
	UMENT NUMBER:	Name of Corporation		
The e	nclosed Articles of Correction and fo	ce are submitted	for filing.	
Pleas	e return all correspondence concerni	ng this matter to	the following:	
ALEN	(ANDRE PEREIRA DA COSTA			
	Name of Contact Person	 	_	
CAPS	ULA AGS COMPANY CORP			
	Firm Company		_	
5851	HOLMBERG RD APT 815			
	Address		_	
PARK	LAND FLORIDA 33067			
	City/State and Zip Code			
	L-mail address: (to be used for future annual number information concerning this management of the second of the s	atter, please call:	<u>1</u> : 907-9940	
		at t	Daytime Telephone Number	
Coole		at (Area Code	Daytime Telephone Number	
	sed is a check for the following amo			
= \$3	5.00 Filing Fee	□ \$43,75 Fil	☐ \$43.75 Filing Fee & Certificate of Status	
□ \$4	3.75 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, El. 32303	

ARTICLES OF CORRECTION

For

CAPSULA AGS COMPANY CORP	
Name of Corporation as currently filed with the l-	Forida Dept. of State
P2(XXXX60177	
Decument Number (if known)	
,	
Pursuant to the provisions of Section 617.0124, Florida Stat Articles of Correction within 30 days of the file date of the	tutes, this corporation files these document being corrected.
These articles of correction correct <u>Articles</u> (Decum	A TMCCrDLIGTEN nonl Type Being Corrected
filed with the Department of State on (FileDate of D	(cummi)
Specify the inaccuracy, incorrect statement, or defect: THE NAME OF PRESIDENT IS WRONG. GABRIELA ARAUJO I	DE CARVALHO
	
Correct the inaccuracy, incorrect statement, or defect: CORRECT THE NAME OF PRESIDENT TO GRAZIELA ARAUJO	O DE CARVALHO
(Signature of a director, president or other officer - if not been selected, by an incorporator - if in the hand-other court appointed fiduciary, by that fiduciary,	
ALEXANDRE PEREIRA DA COSTA	Vice President
(Expect or printed name of person summy)	(Title of person signing)

Filing Fee: \$35.00