

P20000070291

(Requestor's Name)

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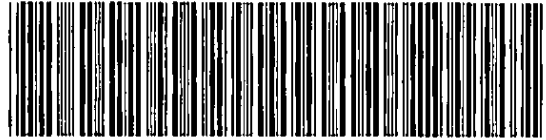
(Business Entity Name)

(Document Number)

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** LULI RETAIL & WHOLESALE CORP

Name of Corporation

**DOCUMENT NUMBER:** P20000070291

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

Please return all correspondence concerning this matter to the following:

HAIM OR KRIEF

Name of Contact Person

N/A

Firm/Company

4542 SW 25 AVE

Address

FT LAUDERDALE, FL 33312

City/State and Zip Code

LULIORKRIEF@YAHOO.COM

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

For further information concerning this matter, please call:

HAIM OR KRIEF

at ( 786 )

200-1212

Name of Contact Person

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

**Street Address:**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee

## ARTICLES OF CORRECTION

For

LULU RETAIL & WHOLESALE CORP

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

P20000070291

Document Number (if known)

Pursuant to the provisions of Section 607.0124, Florida Statutes,

These articles of correction correct ARTICLES OF INCORPORATION  
(Document Type Being Corrected)

filed with the Department of State on 09/01/2020  
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

DIRECTOR'S NAME IS WRONG/TYPO

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Correct the inaccuracy, incorrect statement, or defect:

DIRECTOR'S NAME SHOULD BE HAIM OR KRIEF

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(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.)

HAIM OR KRIEF

(Typed or printed name of person signing)

DIRECTOR/OWNER/RA

(Title of person signing)

**Filing Fee: \$35.00**