

P20 000072304

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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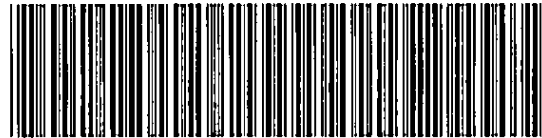
(Business Entity Name)

(Document Number)

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** LEADER ORLANDO MANAGEMENT CORP

Name of Corporation

**DOCUMENT NUMBER:**

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

Please return all correspondence concerning this matter to the following:

Paulo R dos Santos

Name of Contact Person

LEADER ORLANDO MANAGEMENT CORP

Firm/Company

6709 Corintia St.

Address

Carlsbad, CA 92009

City/State and Zip Code

paulo.labraces@gmail.com

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

For further information concerning this matter, please call:

Paulo R dos Santos

at ( 619 ) 302-3804

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  
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

LEADER ORLANDO MANAGEMENT CORP.

\_\_\_\_\_  
(Name of Corporation as currently filed with the Florida Dept. of State)

P20000072304

\_\_\_\_\_  
(Document Number (if known))

FILED

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 09/09/2020  
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

Name and address of the Vice President was provide erroneously.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Correct the inaccuracy, incorrect statement, or defect:

Title VP:

Paulo R dos Santos

6709 Corintia St.

Carlsbad, CA 92009 US

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



\_\_\_\_\_  
(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.)

Paulo R dos Santos

\_\_\_\_\_  
(Typed or printed name of person signing)

President

\_\_\_\_\_  
(Title of person signing)

**Filing Fee: \$35.00**