

P20 000086267

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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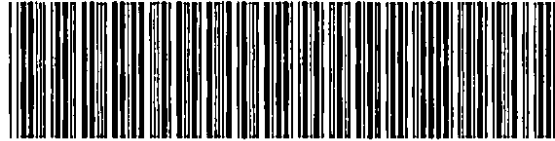
(Business Entity Name)

(Document Number)

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Community Progressive Center Inc  
Name of Corporation

**DOCUMENT NUMBER:** P20000086267.

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

Please return all correspondence concerning this matter to the following:

Alexis Garcia Rodriguez  
Name of Contact Person

Community Progressive Center Inc  
Firm/Company

4351 sw 160th Ave Apt 101  
Address

Miramar, FL 33027  
City/State and Zip Code

71alexgarcia@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alexis Garcia Rodriguez at ( 786 ) 424 6514  
Name of Contact Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> \$35.00 Filing Fee       | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status                 |
| <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy | <input type="checkbox"/> \$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

Community Progressive Center Inc

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

P20000086267.

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

Pursuant to the provisions of Section 607.0124, Florida Statutes.

These articles of correction correct P20000086267.  
(Document Type Being Corrected)

filed with the Department of State on October 26, 2020.  
(File Date of Document)

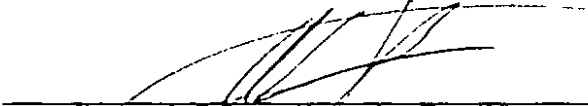
Specify the inaccuracy, incorrect statement, or defect:

President Diosgracia Moreira Gainza

Correct the inaccuracy, incorrect statement, or defect:

Vice-president Diosgracia Moreira Gainza

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DEPT. OF STATE  
TALLAHASSEE, FL

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

Alexis Garcia Rodriguez

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

Presidente

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

**Filing Fee: \$35.00**