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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: LESLIEJOY SAMPILO CORP			
N	lame of Corporation		
DOCUMENT NUMBER: P21000000403			
The enclosed Articles of Correction and fe	e are submitte	ed for filing.	
Please return all correspondence concerning	ng this matter	to the following:	
LESLIEJOY SAMPILO			
Name of Contact Person			.,
LESLIEJOY SAMPILO CORP		·	21 ISN
Firm/Company			Z-
10225 LAKE DISTRICT LANE			
Address	-		I
ORLANDO FL 32832		;	<u></u>
City/State and Zip Code			
LESLIEJOY.SAMPILO@GMAIL.COM			
E-mail address: (to be used for future annual re	port notification)		
For further information concerning this ma	atter, please ca	M:	
LESLIEJOY SAMPILO	407 at (883-9316	
Name of Contact Person	Area Cox	Daytime Telephone Number	
Enclosed is a check for the following amou	unt:		
■ \$35.00 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status		
□ \$43.75 Filing Fee & Certified Copy		Filing Fee, Certificate of Status & ertified Copy	
Mailing Address: Amendment Section		Street Address: Amendment Section	
Division of Corporations		Division of Corporations	
P.O. Box 6327		The Centre of Tallahassee	Λ
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 81	v

Tallahassee, FL 32303

ARTICLES OF CORRECTION

For

LESLIEJOY SAMPILO CORP		
Name of Corporation as currently filed with the	he Florida Dept. of State	
P21000000403		
Document Number (if kn	own)	
Pursuant to the provisions of Section 607.0124, Florida S	Statutes.	
These articles of correction correct ARTICLES OF INCORI	PORATION ocument Type Being Corrected)	
filed with the Department of State on 12/22/2020	of Document)	
Specify the inaccuracy, incorrect statement, or defect: Title: CEO		
(The initial officer of the corporation.)		_
	21	 -<
	JAN	; :
	F	-27 <u>-</u> 23)
		8. 1
Correct the inaccuracy, incorrect statement, or defect: Title: President	 ສົ່ວ	1.0110;
(Title to be updated as required by business checking bank.)		_
		_
		_
		_ _
		_
(Signature of a director, presidently other officer not been selected, by an incorporator - if in the hother court appointed fiduciary, by that fiduciary	ands of the receiver, trustee, or	
LESLIEJOY R. SAMPILO	PRESIDENT	
(Typed or printed name of person signing)	(Title of nerson signing)	-

Filing Fee: \$35.00