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COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: DAVE CUF	FE PA
DOCUMENT NUMBER: POLC	00001761
The enclosed Articles of Correction and fee	are submitted for filing.
Please return all correspondence concerning	this matter to the following:
David Cuffe	
Name of Contact Person	
Firm/Company	
4609 SW 22md	PL
Cape Coral FL	33914
E-mail address: (to be used for future annual repo	cast net renotification)
For further information concerning this matt	er, please call:
Name of Contact Person	at (239) 660-7849 Area Code Daytime Telephone Number
Enclosed is a check for the following amount	ıt:
\$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

Name of Corporation as currently filed with the Florida Dept. of State	
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 12/29/2020 (File Date of Document)	
Specify the inaccuracy, incorrect statement, or defect: The Florida DBPR requires that the of a PA must be the livensees legal name and not a shortened or nickname:	
PA must be the licensees legal name and	
not a shortened or nickname.	
<u> </u>	
Correct the inaccuracy, incorrect statement, or defect: Change the Corporate name it os DAVID CUFFEPA	_
(Signature of a director, president or other officer - if directors or officers have not been selected, by an incorporator \(\frac{1}{1}\) in the hands of the receiver, trustee, or other court appointed fiduciary, by that fiduciary.)	
Oavid Cutte (Typed or orinted name of person signing) (Title of person signing)	
(time of branch affine)	

Filing Fee: \$35.00