P2100003633

(Re	equestor's Name)	
(Address)		
(Ac	ldress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	Certificate	s of Status
Special Instructions to Filing Officer:		

Office Use Only



300361971813

03/15/21--01023--006 **35.00

2021 MAR 15 AM II: 54

HHICCL

MAY 23 2021 I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations FLORIDA TRIPLE S CORPORATION SUBJECT: Name of Corporation DOCUMENT NUMBER: P21000003633 The enclosed Articles of Correction and fee are submitted for filing. Please return all correspondence concerning this matter to the following: DON GONZALEZ, ESQ. Name of Contact Person DON GONZALEZ, P.A. Firm/Company 1820 N. CORPORATE LAKES BLVD, SUITE 201 Address WESTON, FL 33326 City/State and Zip Code DONGONZALEZ@AOL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: DON GONZALEZ, ESO. 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: Street Address: Amendment Section

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF CORRECTION

For

FLORIDA TRIPLE S CORPORATION	
Name of Corporation as currently filed with the Florida Dep	of State
P21000003633	
Document Number (if known)	
Pursuant to the provisions of Section 607.0124, Florida Statutes.	
These articles of correction correct ARTICLES OF INCORPORATIO	N .
(Document Type E	Being Corrected)
filed with the Department of State on [1/11/2021] (File Date of Document)	·
Specify the inaccuracy, incorrect statement, or defect:	
OFFICER/DIRECTOR DETAIL	28
TITLE: P	
МЕЛА DE LEON, SAMUEL, SR.	# 17
	- 3 - M
	SET A D
	严 5
Correct the inaccuracy, incorrect statement, or defect: OFFICER/DIRECTOR DETAIL TITLE: P	
MEJIA, SAMUEL	
MISITA, SARIOLD	
	
(Signature of a director, president or other officer - if directors or not been selected, by an incorporator - if in the hands of the recei other court appointed fiduciary, by that fiduciary.)	officers have ver, trustee, or
SAMUEL MEJIA	PRESIDENT
(Typed or printed name of person signing)	(Title of person signing)

Filing Fee: \$35.00

(Title of person signing)