

P21000013457

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

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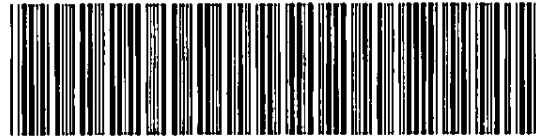
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MGAA.US INSURANCE SERVICES, CORP.
Name of Corporation

DOCUMENT NUMBER: P21000013457

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

Please return all correspondence concerning this matter to the following:

MARIELA STABLE

Name of Contact Person

STABLE & ASSOC. PROFESSIONAL SERVICES, LLC

Firm/Company

3595 NW 181 STREET

Address

MIAMI GARDENS, FL 33056

City/State and Zip Code

mgaa.us@gmail.com

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

For further information concerning this matter, please call:

MARIELA STABLE

Name of Contact Person

at (

786

Area Code

709-3473

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

MGAA.US INSURANCE SERVICES, CORP.

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

P21000013457

(Document Number (if known))

Pursuant to the provisions of Section 607.0124, Florida Statutes.

Articles of Incorporation

These articles of correction correct

~~NAME OF THE PRESIDENT OF THE CORPORATION~~

(Document Type Being Corrected)

filed with the Department of State on

02/04/2021

(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

THE NAME OF THE PRESIDENT IS NOT SHOWING THE COMPLETE LAST NAME. JUST SHOW

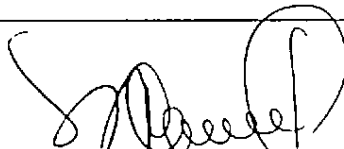
ONE LAST NAME AND THE PRESIDENT OF THE CORPORATION HAS TWO LAST NAMES.

Correct the inaccuracy, incorrect statement, or defect:

PLEASE CORRECT THE NAME OF THE PRESIDENT. THE CORRECT NAME IS

MIRTHEA PEREZ COROMINAS

2021 MAR -1 AM 11:13



(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.)

MARIELA STABLE

(Typed or printed name of person signing)

REGISTERED AGENT

(Title of person signing)

Filing Fee: \$35.00