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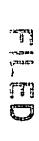
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TO: Amendment Section
TO: Amendment Section Division of Corporations
SUBJECT: 0 (To 10 10 10
SUBJECT: DI (AID) DA Name of Corporation
DOCUMENT NUMBER: <u>[2]000019709</u>
The enclosed Articles of Correction and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Nathalle Di Carpio
DI (aipi) PA Firm/Company
8600 SW 107 AVU # 935
PINCKEST F1 33156 City/State and Zip Code
Nathalie di Carpio agmail (Om E-mail address: (to be used for future annual report neutrecation)
For further information concerning this matter, please call:
Vathalier Di Carono 200 792 9212
Name of Contact Person at (305) 793-9313 Name of Contact Person Daytime Telephone Number
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☐ \$43.75 Filing Fee & Certified Copy ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy
Mailing Address: Street Address:
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Division of Corporations Division of Corporations
P.O. Box 6327 Tallahassee FL 32214 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ANTICLES OF CORRECTION
For
For Di (arpio DA Name of Corporation as currently filed with the Florida Dept. of State
P2 000 9 7 0 9 Document Number (if known)
Pursuant to the provisions of Section 607.0124, Florida Statutes.
These articles of correction correct <u>COrporation on name</u> , (Document Type Being Corrected)
filed with the Department of State on February 24 202
Specify the inaccuracy incorrect statement, or defeat.
Lorporation name filed incorrects Missing first name - Nathalie.
Missing Flist name - Nathalie.
<i></i>
Correct the inaccuracy, incorrect statement, or defect: (Orporation name to be unanged to Nathalie Di Carpio PA
(Signature of a director, president of 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.)
MATION DI CARDIO (Typed or printed name of person signing) President (Title of person signing)

Filing Fee: \$35.00