

P21 0000031390

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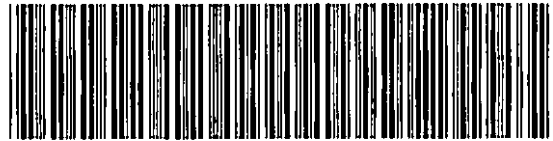
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SECRETARY OF STATE
TALLAHASSEE, FL

A. Butler

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: TRUE VUE INC
Name of Corporation

DOCUMENT NUMBER: P21000031390

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

Please return all correspondence concerning this matter to the following:

JOHN BOWEN
Name of Contact Person

TRUE VUE INC
Firm/Company

10064 SW 186 ST
Address

MIAMI, FL 33157
City/State and Zip Code

EVENTS@TRUEVUEINC.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOHN BOWEN at (305) 878-6842
Name of Contact Person Area Code 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

FILED

TRUE VUE INC

2021 APR 16 PM 12:57

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

P21000031390

SECRETARY OF STATE
TALLAHASSEE, FL

Document Number (if known)

Pursuant to the provisions of Section 607.0124, Florida Statutes.

These articles of correction correct OFFICER/DIRECTOR DETAIL

(Document Type Being Corrected)

filed with the Department of State on 03/30/2021

(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

INCORRECT SPELLING OF OWNER NAME

RAYMOND ORTIZ

Correct the inaccuracy, incorrect statement, or defect:

CORRECT SPELLING OF OWNER NAME

RAMON ORTIZ

(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.)

JOHN BOWEN

(Typed or printed name of person signing)

PERCS

(Title of person signing)

Filing Fee: \$35.00