P21000036568

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COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT:PI MULTI FAMILY SC	
DOCUMENT NUMBER: P2100	Name of Corporation 00036568
	tion and fee are submitted for filing.
Please return all correspondence	concerning this matter to the following:
CHRISTINE QUIÑONES	
Name of Conta	ict Person
PLAY IT SAFE ACCOUNTING SOL	UTIONS INC.
Firm/Comp	yany
116 WILLOWBAY RIDGE STREET	
Address	
SANFORD, FLORIDA 32771	
City/State an	d Zip Code
CQUINONESSOLUTIONS@GMAIL	
E-mail address: (to be used for t	future annual report notification)
For further information concerni	ng this matter, please call:
CHRISTINE QUIÑONES	321 402-8150
Name of Contact Person	at ()
Enclosed is a check for the follo	wing amount:
□ \$35.00 Filing Fee	■ \$43.75 Filing Fee & Certificate of Status
☐ \$43.75 Filing Fee & Certified	d Copy S52.50 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

PI MULTI FAMILY SOLUTIONS INC.	7.71 APR 30 AMIN: 03
Name of Corporation as currently filed with th	e Florida Dept. of State
P21000036568	er er
Document Number (if know	(n)
Pursuant to the provisions of Section 617.0124, Florida S Articles of Correction within 30 days of the file date of th	tatutes, this corporation files these e document being corrected.
These articles of correction correct ARTICLES OF INCORP	ORATION ARTICLE VII
filed with the Department of State on APRIL 15, 2021 (File Date of	amen' Type Deling Contected)
Specify the inaccuracy, incorrect statement, or defect: ARTICLE VII HAS A MISPELL ON THE NAME OF THE OFFI	CER. THEIR NAME AS STATED ON
ARTICLE VI IS ALFREDO PI	
Correct the inaccuracy, incorrect statement, or defect: PLEASE UPDATE THE NAME OF THE OFFICER TO ALFREE	oo ei
TESTICE OF STATE THE PARISE OF THE OFFICER TO ALL REE	
(Signafure of a director, president or other officer- not been selected, by an incorporator - if in the ha other court appointed fiduciary, by that fiduciary.)	nds of the receiver, trustee, or
<i>V</i> , , ,	
ALFREDO PI	MGR
(Typed or printed name of person signing)	(Title of person signing)

Filing Fee: \$35.00