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NAME: COSMOPOLITAN FLORIDA SERVICES, INC

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COVER LETTER

TO: Amendment Section Division of Corporations

COSMOPOLITAN FLORIDA SERVICES,INC. SUBJECT:			
	Name of Corporation		
DOCUMENT NUMBER: P21000048097			
The enclosed Articles of Correction and f	fee are submitted for filing.		
Please return all correspondence concerns	ing this matter to the following:		
Lisa L Daniels			
Name of Contact Person			
Law Offices of Lisa L Daniels P.A.			
Firm/Company			
902 Clint Moore Road, Suite 120			
Address			
Boca Raton Florida 33487			
City/State and Zip Code			
ldaniels@danielslawgroup.com			
E-mail address: (to be used for future annual	report notification)		
For further information concerning this m	natter, please call:		
Lisa L Daniels	at () Area Code Daytime Telephone Number		
Name of Contact Person	at ()		
Enclosed is a check for the following amo	ount:		
□ \$35.00 Filing Fcc	□ \$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	Street Address: Amendment Section		

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

COSMOPOLITAN FLORIDA SERVICES,INC.	
Name of Corporation as currently filed with the Florida Dept	t. of State
P21000048097	
Document Number (if known)	
Pursuant to the provisions of Section 617.0124, Florida Statutes, th Articles of Correction within 30 days of the file date of the docume	is corporation files these ent being corrected.
These articles of correction correct ARTICLES OF INCORPORATION	N.
(Document type a	Being Corrected)
filed with the Department of State on (Sile Days of Department)	·
(the issue of Document)	
Specify the inaccuracy, incorrect statement, or defect:	
President/Secretary Lisa Daniels	
	• =
Correct the inaccuracy, incorrect statement, or defect:	•
Remove Lisa Daniels as President/Secretary	1_
•	· · · · · · · · · · · · · · · · · · ·
President/Secretary should be Raizy Gold	
3637 Indian Creek Drive	- いい (10g)
# 0 0	ि ज
1507	
Aliani Bouch, FL 33140	
	•
(Signature of a director, president or other officer - if directors or	
not been selected, by an incorporator - if in the hands of the rece other court appointed fiduciary, by that fiduciary.)	iver, irustee, or
Lisa Daniels	Attorney
(Typed or printed name of person signing)	(Title of person signing)

Filing Fee: \$35.00