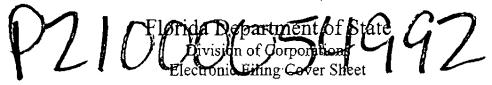
Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H210002344913)))



H210002344913ABC-

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

·-From:

Account Name : ARIMIR SERVICES GROUP LLC

Account Number : 1202000000022
Phone : (305)298-6579

Fax Number : (305)643-5225

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: July 14 noves @ Hotheart. com

COR AMND/RESTATE/CORRECT OR O/D RESIGN JMB EMPIRE CORP

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

JUN 1'5 2021 S. PRATHER

Electronic Filing Menu

Corporate Filing Menu

Help

2021 JUN 14 AM 8: 2

ARTICLES OF CORRECTION

For

JMB EMPIRE CORP	
Name of Corporation as currently filed with	the Florida Dept. of State
P21000054992	
Document Number (if k	nown)
Pursuant to the provisions of Section 607.0124, Florida	Statutes.
These articles of correction correct	ocument Type Being Corrected)
·	ocument type Being Corrected)
filed with the Department of State on(File Date	of Document)
Specify the inaccuracy, incorrect statement, or defect:	
THERE IS A TYPO IN THE LAST NAME. MEJIAS REYES IS	NOT CORRECT IN THE CASE OF INITIAL
OFFICERS, REGISTERED AGENT, AND INCORPORATOR.	7ALL.
	JUN JUN
	CON TOTAL
	0- m
Correct the inaccuracy, incorrect statement, or defect:	° ∞ ∞
THE CORRECT LAST NAME OF INITIL OFFICER (PRESIDE	NT), REGISTERED AGENT AND
INCORPORATOR SHALL BE MEJIA REYES	
(Simplify of a direct Consider) or Affect	if directors on officers have
(Signature of a director, president or other officer - not been selected, by an incorporator - if in the han other court appointed fiduciary, by that fiduciary.)	ds of the receiver, trustee, or
UAN MEJIA REYES	PRESIDENT
(Typed or printed name of person signing)	(Title of person signing)

Filing Fee: \$35.00