

P21000067515

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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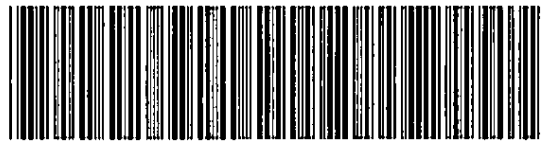
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FL

AUG 13 2021
C. KIRK

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CALIX REMODELING SERVICES INC
Name of Corporation

DOCUMENT NUMBER: P21000067515

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

Please return all correspondence concerning this matter to the following:

MARIA MARIN

Name of Contact Person

Firm/Company

4147 N DIXIE HWY

Address

OAKLAND PARK, FL 33334

City/State and Zip Code

MARIA@MMARININC.COM

E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

MARIA MARIN

at (954) 504-2000
Area Code Daytime Telephone Number

Name of Contact Person

Enclosed is a check for the following amount:

- | | |
|--|---|
| <input checked="" type="checkbox"/> \$35.00 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status |
| <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy | <input type="checkbox"/> \$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

CALIX REMODELING SERVICES INC

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

P21000067515

Document Number (if known)

Pursuant to the provisions of Section 607.0124, Florida Statutes,

These articles of correction correct CORRECT THE LAST NAME OF PRESIDENT
(Document Type Being Corrected)

filed with the Department of State on 07/24/2021
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

THE LAST NAME OF THE PRESIDENT IS MISSPELL INCORRECT = CARLIX.

THE CORRECT SHOULD READ IS= CALIX ²SEE PASSPORT AND IRS FORM ATTACHED.

Correct the inaccuracy, incorrect statement, or defect:

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SECRETARY OF STATE
TALLAHASSEE, FL

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(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.)

RIGOBERTO CALIX ACOSTA

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35.00