

P2100092149

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : PADRON AND ASSOCIATES INC.
Account Number : I20060000156
Phone : (305)818-0404
Fax Number : (305)818-0898

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**COR AMND/RESTATE/CORRECT OR O/D RESIGN
LOMSYSTEM CORP.**

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Page Count	02
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: LOMSYSTEM CORP.

Name of Corporation

DOCUMENT NUMBER: P21000092149

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

Please return all correspondence concerning this matter to the following:

RALPH PADRON

Name of Contact Person

PADRON & ASSOCIATES, INC.

Firm/Company

2095 W 76TH ST - STE 102

Address

HALEAH, FL 33016

City/State and Zip Code

RALPH@RALPHPADRON.COM

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

For further information concerning this matter, please call:

RALPH PADRON

Name of Contact Person

at (305) 818-0101

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

LOMSYSTEM CORP.

(Name of Corporation as currently filed with the Florida Department of State)

P21000092149

(Document Number (if known))

Pursuant to the provisions of Section 607.0124, Florida Statutes.

These articles of correction correct P21000092149

(Document Type Being Corrected)

filed with the Department of State on 10/22/2021

(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

WRONG NAME FILED

Correct the inaccuracy, incorrect statement, or defect:

CORRECT NAME: LOMSYSTEM USA CORP



(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.)

JOSE LOPEZ

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)**Filing Fee: \$35.00**

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TALLAHASSEE, FLORIDA