P21000103439

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
Q. SILAS		
JAN 0 5 2022		

¢

.

800377929288

1. A the second se

E [] [] [] 205

Office Use Only

COVER LETTER

TO: Amendment Section Division of Corporations

DEL AMO BROTHERS INC SUBJECT:

Name of Corporation

DOCUMENT NUMBER:

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

Please return all correspondence concerning this matter to the following:

CARLOS DEL AMO

Name of Contact Person

DEL AMO BROTHERS INC.

Firm/Company

3211 PONCE DE LEON BLVD. SUITE 200

Address

CORAL GABLES, FLORIDA 33134

City/State and Zip Code

CDELAMO@DELAMOLAW.COM

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

For further information concerning this matter, please call:

 CARLOS DEL AMO
 305
 443-7005 EXT 209

 Nume of Contact Person
 at (______)
 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	2021 DEC 15 PH 2: 05
DEL AMO BROTHERS _I INC	
Name of Corporation as currently filed with the Florida Dept of State	STOPETHON SHIT
P21000103439	
Document Number (if known)	
Pursuant to the provisions of Section 607.0124, Florida Statutes.	
These articles of correction correct <u>EFFECTIVE DATE AND CHANGE PRESID</u> (Document Type Being Corrected filed with the Department of State on FLORIDA 121VD121	ENT NAME Articles of
filed with the Department of State on $\frac{\text{FLORIDA}}{(\text{File Date of Decument})}$	- Trcorporation
Specify the inaccuracy, incorrect statement, or defect: EFFECTIVE DATE 12/08/2021	
PRESIDENT NAME ARANDO, CLAUDIA C	
VP DEL AMO, RAMIRO E	
Correct the inaccuracy, incorrect statement, or defect: EFFECTIVE DATE TO BE JANUARY 1, 2022	
PRESIDENT TO BE RAMIRO EDUARDO DEL AMO	
VP TO BE CARLOS C DEL AMO	
(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, o other court appointed fiduciary, by that fiduciary.)	Эг
CARLOS DEL AMO SECRE (Typed or printed name of person signing)	TARY (Title of person signing)

•

•

.

4

.

2

.

1

.

.

. . . .

.

Filing Fee: \$35.00