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(Business Entity Name)

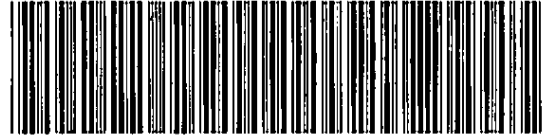
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CORP. DIVISION

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DEL AMO CORP
Name of Corporation

DOCUMENT NUMBER: P21000103441

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 CORP
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 at (305) 443-7005 EXT 209
Name of Contact Person 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

FILED

For

2021 DEC 15 PM 2:06

DEL AMO CORP

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

SECRETARY

P21000103441

Document Number (if known)

Pursuant to the provisions of Section 607.0124, Florida Statutes.

These articles of correction correct ~~EFFECTIVE DATE~~ Articles of Incorporation
(Document Type Being Corrected)


filed with the Department of State on FLORIDA 12/10/21
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

EFFECTIVE DATE 12/10/2021

Correct the inaccuracy, incorrect statement, or defect:

EFFECTIVE DATE TO BE JANUARY 1, 2022



(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.)

CARLOS DEL AMO

(Typed or printed name of person signing)

SECRETARY

(Title of person signing)

Filing Fee: \$35.00