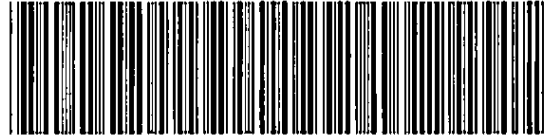


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TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** AG VIV CORP  
Name of Corporation

**DOCUMENT NUMBER:** P22000009952

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

Please return all correspondence concerning this matter to the following:

ALBERTO GARCIA  
Name of Contact Person

AG VIV CORP  
Firm/Company

10255 NW 51 LN  
Address

DORAL, FL 33178  
City/State and Zip Code

PADRONFINANCIALCORP@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ALBERTO GARCIA at ( 305 ) 600-6096  
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

For

FILED

AG VIV CORP

2022 FEB 15 PM 2:10

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

P22000009952

Document Number (if known)

Pursuant to the provisions of Section 607.0124, Florida Statutes.

These articles of correction correct AG VIC CORP  
(Document Type Being Corrected)

filed with the Department of State on February 01, 2022  
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

I WANT TO CHANGE THE NAME OF THE COMPANY

INSTEAD OF "AG VIV CORP" IS "AG VIC CORP"

Correct the inaccuracy, incorrect statement, or defect:

AG VIC 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.)

ALBERTO GARCIA

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35.00