P22000046735

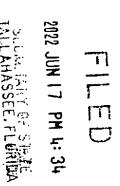
| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
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COVER LETTER

| TO: Amendment Section Division of Corporations | | | |
|---|------------------------|---|--|
| SUBJECT: AC CONSTRUCTIONS AND RI | EMODELING CORI | · | |
| DOCUMENT NUMBER: P22000046735 | | | |
| The enclosed Articles of Correction and | fee are submitted | for filing. | |
| Please return all correspondence concern | ning this matter to | the following: | |
| ALVARO A CARBONELL CANAS | | | |
| Name of Contact Person | | <u> </u> | |
| AC CONSTRUCTIONS AND REMODELING | CORP | | |
| Firm/Company | | _ | |
| 13380 BISCAYNE BAY DRIVE | | | |
| Address | | _ | |
| NORTH MIAMI, FL 33181 | | | |
| City/State and Zip Code | | _ | |
| naranjocopa@gmail.com | | | |
| E-mail address: (to be used for future annua | l report notification) | | |
| For further information concerning this r | natter, please call | : | |
| ALVARO A CARBONELL CANAS | at (area Code | 534-3292 | |
| Name of Contact Person | Area Code | Daytime Telephone Number | |
| | | | |
| Enclosed is a check for the following am | iount: | | |
| ■ \$35.00 Filing Fee | □ \$43.75 Fi | ling 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

| Name of Corporation as currently filed with the Florida Dept, of State | <u></u> . | |
|--|-----------|-----------|
| P22000046735 | | |
| Document Number (if known) | | |
| Pursuant to the provisions of Section 607.0124, Florida Statutes. | | |
| These articles of correction correct THE ARTICLES OF INCORPORATION (Document Type Being Corrected) | | _? |
| filed with the Department of State on O6/07/2022 (File Date of Document) | | |
| Specify the inaccuracy, incorrect statement, or defect: Officer/Director Detail., Name & Address | | |
| Title P. | <u> </u> | |
| LARRAIN, ARIANNY | | ~~ |
| BISCAYNE BAY DRIVE 13380, NORTH MIAMI, FL 33181 | ALL/AHAS | 022 JUN 8 |
| Correct the inaccuracy, incorrect statement, or defect: | SEE, FLOA | 7 PH 4: |
| Officer/Director Detail . Name & Address | 哥哥 | <u>3</u> |
| Title P. | | |
| ALVARO A CARBONELL CANAS | _ | |
| 13380 BISCAYNE BAY DRIVE, NORTH MIAMI, FL 33181 | · | |
| | | |
| | | |

(Signal refor 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 courn appointed fiduciary, by that fiduciary.)

ALVARD A. CARBONETL CANAS
(Typed or printed name of person signing)

(Title of person signing)