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COVER LETTER

TO: Amendment Section Division of Corporations		
N	A CLEANING I	
DOCUMENT NUMBER: + 22	-0000 48271	
The enclosed Articles of Correction and fee	e are submitted for filing.	
Please return all correspondence concerning	g this matter to the following:	
CARMEN CARR	era	
Nume of Contact Person		
Firm/Company	_	
7452 SW 12 St.		
MIAMI FL 33	144	
City/State and Zip Code		
CC. DETAILCLEanin	ag I @ gne Ail. com	
E-mail address: (to be used for future annual re-	pert hotification)	
For further information concerning this matter, please call:		
CARMEN CARRENA	at (786, 255-1060	
Name of Contact Person	Area Code Daytime Telephone Number	
Enclosed is a check for the following amou	int:	
\$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	Street Address: Amendment Section	
Division of Corporations	Division of Corporations	
P.O. Box 6327 Tallahassee, FL 32314	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF CORRECTION

For

CC DETAIL CLEANING I COP 2022 7 11. 7: 43
P220000 48 27 1 Document Number (if known)
Pursuant to the provisions of Section 607.0124, Florida Statutes.
These articles of correction correct ARTICLES OF INCORPORATION (Document Type Being Corrected)
filed with the Department of State on(File Date of Document) (Document Type Being Corrected) (File Date of Document)
Specify the inaccuracy, incorrect statement, or defect: PRESIDENT'S NAME IS INCORRECT. IT Should be CARMEN CARRERA
Should be CARMEN CARRERA
Correct the inaccuracy, incorrect statement, or defect:
tresident CARMEN CARRERA
(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.)
CARMEN CARRERA PRESIDENT (Typed or printed name of person signing) (Title of person signing)
(Typed or printed name of person signing) (Title of person signing)

Filing Fee: \$35.00