

P220000 69563

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

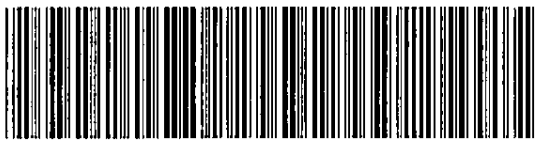
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SECRETARY OF STATE
TALLAHASSEE, FL 32310

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ABE MULTIRSERVICES INC
Name of Corporation

DOCUMENT NUMBER: P22000069563

The enclosed Articles of Correction and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

EILEEN PAZ
Name of Contact Person

Firm/Company

2700 NE 135 ST APT #32
Address

MIAMI, FL 33181
City/State and Zip Code

PAZ.EILEEN@YAHOO.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

EILEEN PAZ at (786) 397-5079
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

ABE MULTISERVICES INC

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

P22000069563

Document Number (if known)

FILED 2023 MAR -6 PM 5:16 SECRETARY OF STATE TALLAHASSEE FLORIDA

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 09/06/2022 (File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

NAME OF CORPORATION NEEDS TO BE CORRECT IT TO ABE MULTISERVICES INC.

Correct the inaccuracy, incorrect statement, or defect:

ABE MULTISERVICES INC

X [Signature] (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.)

EILEEN PAZ (Typed or printed name of person signing)

PRESIDENT (Title of person signing)

Filing Fee: \$35.00