## P22000076195

(Reque	estor's Name)		
(Addre			
(Addre	ee)		
(Address)			
(City/S	tate/Zip/Phon	e #)	
PICK-UP	MAIT	MAIL	
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(Document Number)			
Certified Copies	Certificate	s of Status	
Special Instructions to Filing Officer:			
Special Instructions to Fili	ng Officer:		

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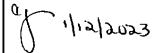


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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

SUBJECT:KLO	OM AUTO SALES II		
AACHA IEND NUMBER	P22000076195		
DOCUMENT NUMBER:			
The enclosed Articles of Correction a	and fee are submitt	ed for filing.	
Please return all correspondence conc	cerning this matter	to the following:	
NORMAN WHITE			
Name of Contact Pers	on	· <del></del>	
DEALER SERVICES CONSULTA	NT LLC		
Firm/Company	<del>-</del> ·-		
275 NW 181 STREE	ET		
Address		<del></del>	
MIAMI GARDEN	S FL. 33169		
City/State and Zip C	ode	<del></del>	
DSC6805@GMAIL.C	OM		
E-mail address; (to be used for future a	nnual report notification)		
For further information concerning the	nis matter, please c	all:	
NORMAN WHITE			
Name of Contact Person	at ( Area Co	) 262-3263 Ndc Daytime Telephone Number	
ron to a fire ordered Condens Cill and			
Enclosed is a check for the following			
■ \$35.00 Filing Fee	□ \$43.75	☐ \$43.75 Filing Fee & Certificate of Status	
☐ \$43.75 Filing Fee & Certified Cop	py □ \$52.50	☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy	
Mailing Address:		Street Address:	
Amendment Section		Amendment Section	
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 81	

Tallahassee, FL 32303

## FILED

## ARTICLES OF CORRECTION

2022 OCT 11 PM 12: 07

For

SECRETALLA DE STATE TALLAHASSEE, FL

(Title of person signing)

	KLOOM AUTO SALES INC	TALLAHASSEE.
Name of Corporati	on as currently filed with the Florida Dept, of State	
	P22000076195	
	Document Number (if known)	
Pursuant to the provisions of Section 60	07.0124, Florida Statutes.	
These articles of correction correct	ARTICLES OF INCORPORATION	· · · · · · · · · · · · · · · · · · ·
filed with the Department of State on _	(Document Type Being Corrects 10/04/2022 (File Date of Document)	
Specify the inaccuracy, incorrect statem THE INITIAL OFFICER OF THE CORPOR		IE CORRECT NAME
SHOULD BE PAMPHILE AND NOT PAMI	PKILE.	
		<u> </u>
Correct the inaccuracy, incorrect statem	nent or defect:	
LAST NAME OF OFFICER OF THE CORP		
not been selected, by	r, president or other officers in directors or officers have an incorporate. If in the hands of the receiver, trustee, tiduciary, by that fiduciary.	
OLRITH PAMPHILE		PRESIDENT

Filing Fee: \$35.00

(Typed or printed name of person signing)