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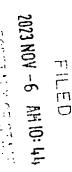
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TO:

Amendment Section

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations MARIA ROSA ENTERPRISE INC SUBJECT: Name of Corporation DOCUMENT NUMBER: P23000067915 The enclosed Articles of Correction and fee are submitted for filing. Please return all correspondence concerning this matter to the following: MARIA HOYOS Name of Contact Person MARIA ROSA ENTERPRISE INC Firm/Company 9251 SOUTH ORANGE BLOSSOM TRAIL STE 11 Address ORLANDO FL 32837 City/State and Zip Code MLOPEZ@HLQUALITYSERV ICES.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: MARIA HOYOS Name of Contact Person 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: Street Address:** Amendment Section Amendment Section

Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF CORRECTION

For

MARIA ROSA ENTERPRISE INC	15. 15. 15. 15. 15. 15. 15. 15. 15. 15.
Name of Corporation as currently filed	with the Florida Dept. of State
P23000067915	
Document Number	with the Florida Dept. of State (if known)
Pursuant to the provisions of Section 607.0124, Flori	
These articles of correction correct MAILING ADDRE	
filed with the Department of State on 09/20/2023	Date of Document)
Specify the inaccuracy, incorrect statement, or defective BANK IS REQUESTING A FULL ADDRESS RATH	
AS WELL AS MAILING ADDRESS	
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Correct the inaccuracy, incorrect statement, or defect ADDRESS SHOUD READ AS	t:
9251 SOUTH ORANGE BLOSSOM TRAIL., STE 11; ORI	LANDO, FL 32837
Mana Ho	<u>405</u>
(Signature of a director, president or other not been selected, by an incorporator - it is other court appointed fiduciary, by that fi	n the hands of the receiver, trustee, or
MARIA HOYOS	PRESIDENT
(Typed or printed name of person signing)	(Title of person signing)

Filing Fee: \$35.00