P24000015777

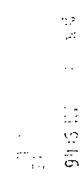
(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

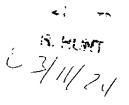
Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations

MARIANGEL MEDINA PA				
DOCUMENT NUMBER: P24000015777	ame of Corporation			
The enclosed Articles of Correction and fe	e are submitted for	or filing.		_
Please return all correspondence concernir				
Luis Fernandez	J	J		
Name of Contact Person	<u> </u>			
A TAX SOLUTIONS CORP				,
Firm/Company			•	
4805 NW 79TH AVE SUITE 10				
Address				
MIAMI/FL/33166			=	,
City/State and Zip Code	-			 ;:
INFO@ATAXSOLUTIONSCORP.COM			· ;	<i>5</i> 7
E-mail address: (to be used for future annual re	port notification)	•		
For further information concerning this ma	atter, please call:			
LUIS FERNANDEZ	at (Area Code	600-6379		
Name of Contact Person	Area Code	Daytime Telepho	me Number	
Enclosed is a check for the following amo	unt:			
■ \$35.00 Filing Fee	S43.75 Filing Fee & Certificate of Status			
☐ \$43.75 Filing Fee & Certified Copy	☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy			
Mailing Address.		Stroot Address:		

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

MARIANGEL MEDINA PA	
Name of Corporation as currently filed with the Florida Dept	. of State
P24000015777	
Document Number (if known)	
Pursuant to the provisions of Section 607.0124, Florida Statutes.	
These articles of correction correct The name of the Business	
(Excusion 1)/c	Being Corrected)
filed with the Department of State on February 28, 2024 (File Date of Document)	·
Specify the inaccuracy, incorrect statement, or defect:	
The name of the business appears as " MARIANGEL MEDINA PA"	
	
Correct the inaccuracy, incorrect statement, or defect:	· · · · · · · · · · · · · · · · · · ·
The corrected name is " MARIANGEL ANTONELLA MEDINA PA"	b
Marianyel Medina	
(Signature of a director, president or other officer - if directors or not been selected, by an incorporator - if in the hands of the rece other court appointed fiduciary, by that fiduciary.)	officers have iver, fristee, or
MARIANGEL ANTONELLA MEDINA	PRESIDENT
(Typed or orinted name of person signing)	(Title of person signing)

Filing Fee: \$35.00