

P24000020657

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

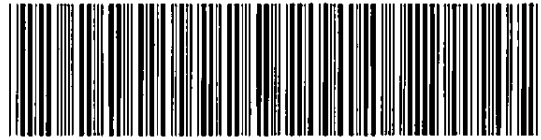
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

J. HORNE  
APR 29 2024

Office Use Only



300427007963

01/04/24 -01000-002 \*\*35.00

FILED  
2024 APR -4 PM 3:53  
J. HORNE  
APR 29 2024

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: SDBC COM CORP

Name of Corporation

DOCUMENT NUMBER: P24000020657

The enclosed Articles of Correction and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MIGUEL ANGEL SUAREZ TAMES

Name of Contact Person

SDBC COM CORP

Firm/Company

1043 EUCLID AVE APT 4

Address

MIAMI BEACH, FL 33139

City/State and Zip Code

SDBC.COM@HOTMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MIGUEL ANGEL SUAREZ TAMES

at ( 305 ) 244-0786  
Area Code Daytime Telephone Number

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:**

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

SDBC COM CORP

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

P24000020657

Document Number (if known)

FILED  
2024 APR -4 PM 3: 53  
FLORIDA DEPT. OF STATE  
TALLAHASSEE, FLORIDA

Pursuant to the provisions of Section 607.0124, Florida Statutes.

These articles of correction correct P24000020657,  
(Document Type Being Corrected)

filed with the Department of State on 03/19/2024,  
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

OMMITTED. OFFICER, DIRECTOR, REGISTERED AGENT: FULL NAME

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Correct the inaccuracy, incorrect statement, or defect:

OFFICER, DIRECTOR, REGISTERED AGENT:

TO BE FULLY CORRECTED NAME : MIGUEL ANGEL SUAREZ TAMES

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



(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.)

MIGUEL ANGEL SUAREZ TAMES

(Typed or printed name of person signing)

PRESIDENT, OFFICER

(Title of person signing)

**Filing Fee: \$35.00**