## P24000028880

(Requestor's Name)		
(Address)		
(Address)		
(1001000)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
(2000)		
Contilled Control		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
·		

Office Use Only



400436202734

09/12/24--01005--024 \*\*85.00

ALLAHASSEE, FLORIDA

124 SEP 12 AM 10: 1

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Tallahassee, FL 32314

PRECISION MANUFACTURING SUBJECT:	TECHNOLOGY INC  Name of Corporation
DOCUMENT NUMBER: P24000028880	,,
The enclosed Articles of Correction and f	ee are submitted for filing.
Please return all correspondence concerni	ng this matter to the following:
Albert Corrada	
Name of Contact Person	
Albert Corrada CPA	
Firm/Company	
2655 LeJeune Road, Suite 902	
Address	
Coral Gables, FL 33134	
City/State and Zip Code	
cpa@corradacpa.com	
E-mail address: (to be used for future annual r	eport notification)
For further information concerning this m	atter, please call:
Albert Corrada	305 804-8569
Name of Contact Person	at ()  Area Code Daytime Telephone Number
Enclosed is a check for the following amo	ount:
S35.00 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 Division of Corporations	Amendment Section
P.O. Box 6327	Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF CORRECTION

For

FILED

PRECISION MANU	JFACTURING TECHNOLOGY INC	0004.000 4.0 4440 4.5
	Name of Corporation as currently filed with the	e Florida Dept. of State 2024 SEP 12 AM 10: 18
	P24000028880	TÄLLAHASSEE, FLORIDA
	Document Number (if know	MI)
•	sions of Section 607.0124, Florida St	atutes.
These articles of corre	ection correct Articles of Incorporation	,
	(LXX	rument Type Being Corrected)
filed with the Departn	ment of State on 04/22/2024 (File Date of	Document)
Specify the inecourse	•	,
	y, incorrect statement, or defect:  ble and mailing address to the one below in	the most coation.
		The next section.
6701 B NW 12 AVE, FT	LAUDERDALE, FL 33309	
·		
		<del>-</del>
Correct the inaccuracy	y, incorrect statement, or defect:	
New principle and mailin	ig address:	
6701 B NW 12 AVE, FT	LAUDERDALE, FL 33309	
	<del></del>	
<	A Willed	
<u></u>	(Signature of a director, president or other officer - norpoeen selected, by an incorporator - if in the han	if directors or officers have
	other court appointed fiduciary, by that fiduciary.)	ins of the receiver, trusteer of
STANLEY KOWLESSA	.R	President

Filing Fee: \$35.00

(Typed or printed name of person signing)

(Title of person signing)