

P25000013257

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

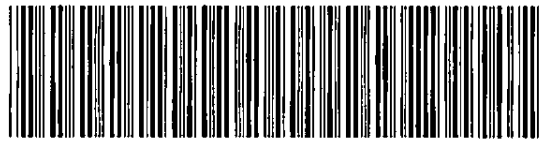
(Business Entity Name)

(Document Number)

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FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

A domestic or foreign corporation may correct a document filed by the Department of State if the document contains, an inaccuracy, an incorrect statement, was defectively executed, attested, sealed, verified or acknowledged, or the electronic transmission was defective.

Pursuant to Section 607.0124, Florida Statutes, a document is corrected by preparing **Articles of Correction** that:

Describe the document, including its file date.

Specify the inaccuracy, incorrect statement, or defect.

Correct the inaccuracy, incorrect statement, or defect.

A form for **Articles of Correction** is attached. Additional sheets can be included if necessary. Pursuant to Section 607.0120, Florida Statutes, the document must be typewritten or printed and must be legible.

<b>Filing Fee</b>	<b>\$35.00</b> (Includes a letter of acknowledgment)
<b>Certified Copy</b> (Optional)	<b>\$ 8.75</b>
<b>Certificate of Status</b> (Optional)	<b>\$ 8.75</b>

Send one check in the total amount made payable to the Florida Department of State.

Please include a letter containing your telephone number, return address and certification requirements, or complete the attached cover letter.

**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

For further information, you may contact the Amendment Section at (850) 245-6050.

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** PARMA 1805, CORP  
\_\_\_\_\_  
Name of Corporation

**DOCUMENT NUMBER:** P25000013257  
\_\_\_\_\_

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

Please return all correspondence concerning this matter to the following:

Luis Osio

\_\_\_\_\_  
Name of Contact Person

Parma 1805, Corp

\_\_\_\_\_  
Firm/Company

10580 Nw 27th St #F102-3

\_\_\_\_\_  
Address

Doral, FL 33172

\_\_\_\_\_  
City/State and Zip Code

osioluis5@gmail.com

\_\_\_\_\_  
E-mail address; (to be used for future annual report notification)

For further information concerning this matter, please call:

Luis Osio at ( 786 ) 443-0777  
\_\_\_\_\_  
Name of Contact Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> \$35.00 Filing Fee       | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status                 |
| <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy | <input type="checkbox"/> \$52.50 Filing Fee, Certificate of Status & Certified Copy |

**Mailing Address:**

Amendment Section  
Division of Corporations  
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The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

# ARTICLES OF CORRECTION

For

PARMA 1805, CORP

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

P25000013257

\_\_\_\_\_  
Document Number (if known)

Pursuant to the provisions of Section 607.0124, Florida Statutes,

These articles of correction correct Articles of Incorporation  
(Document Type Being Corrected)

filed with the Department of State on 02/26/2025  
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

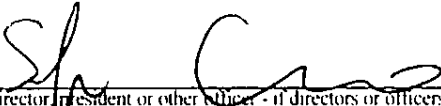
The name of the VP was misspelled.

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

Correct the inaccuracy, incorrect statement, or defect:

Change from Kiara Sitzia to Chiara Sitzia.

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

  
\_\_\_\_\_  
(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.)

Claudio Sitzia

\_\_\_\_\_  
(Typed or printed name of person signing)

President

\_\_\_\_\_  
(Title of person signing)

**Filing Fee: \$35.00**

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2025 JUL 31 AM 8:33  
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