P11000005981

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TALLAHASSEE, FLORIDA

Art. of Correction

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Shellie Levin Solutions, Inc
Name of Corporation

DOCUMENT NUMBER: P1100005981

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

Please return all correspondence concerning this matter to the following:

Rochelle Levin
Name of Contact Person

Firm/Company

22800 SW 157 Avenue
Address

Miami, FL 33170
City/State and Zip Code

slevinsolutions@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rochelle Levin at (786) 382-7171
Name of Contact Person Area Code & Daytime Telephone Number

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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF CORRECTION

for

Shellie Levin Solutions, Inc
Name of Corporation as currently filed with the Florida Dept. of State

P11000005981
Document Number (if known)

Pursuant to the provisions of Section 607.0124 or 617.0124, Florida Statutes, this corporation files these Articles of Correction within 30 days of the file date of the document being corrected.

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

filed with the Department of State on January 18, 2011
(File Date of Document).

Specify the inaccuracy, incorrect statement, or defect:

The name of the Officer/Director is Shellie Levin .

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TALLAHASSEE, FLORIDA

Correct the inaccuracy, incorrect statement, or defect:

The name of the Officer/Director should be corrected to Rochelle Levin

(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.)

Rochelle Levin
(Typed or printed name of person signing)

Incorporator
(Title of person signing)

Filing Fee: $35.00