

F22000002091

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

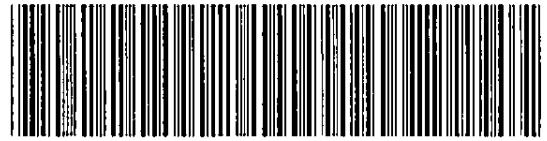
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Special Instructions to Filing Officer:

Free correction due to name  
being filed wrong originally

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** TempMee Hygienist, Inc.

Name of Corporation

**DOCUMENT NUMBER:** F22000002091

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

Please return all correspondence concerning this matter to the following:

CHRISTY MENDOZA

Name of Contact Person

FILEJET INC.

Firm/Company

10440 PIONEER BLVD STE. 8

Address

SANTA FE SPRINGS, CA 90670

City/State and Zip Code

REGISTEREDAGENT@FILEJET.COM

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

For further information concerning this matter, please call:

CHRISTY MENDOZA

Name of Contact Person

at ( 949 )

Area Code

259-5955

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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

# ARTICLES OF CORRECTION

For

TempMee Hygienist, Inc.

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

F22000002091

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

Pursuant to the provisions of Section 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 Entity Name  
(Document Type Being Corrected)

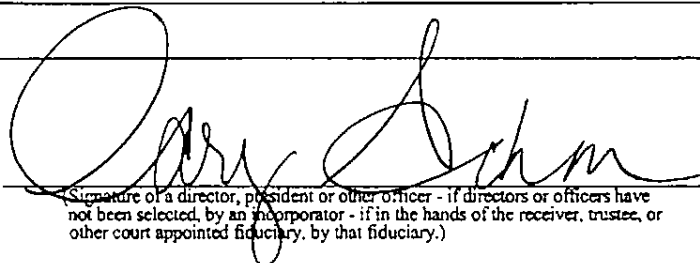
filed with the Department of State on 03/11/2024  
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

ENTITY NAME: TEMPMEE HYGIENISTS, INC.

Correct the inaccuracy, incorrect statement, or defect:

ENTITY NAME: TEMPMEE HYGIENIST, INC.

  
(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.)

CARY GAHM,

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

DIRECTOR

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

Filing Fee: \$35.00

2024 MAR 15 PM 1:33

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