

F23000002025

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

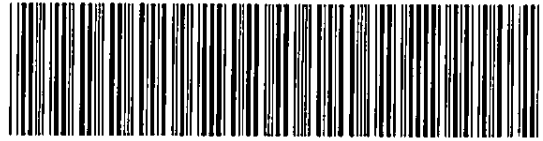
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: HELIMEDIC INC

Name of Corporation

F23000002025

DOCUMENT NUMBER:

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

Please return all correspondence concerning this matter to the following:

MICKAEL COHEN

Name of Contact Person

HELIMEDIC INC

Firm/Company

101 NORTH MONROE ST SUITE 800

Address

TALLAHASSEE FL 32301

City/State and Zip Code

mc@helimedie.us

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

For further information concerning this matter, please call:

MICKAEL COHEN

at (305) 4094658

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

ARTICLES OF CORRECTION

For

HELMEDIC INC

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

F23000002025

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 ARTICLES OF INCORPORATION
(Document Type Being Corrected)


filed with the Department of State on 04/07/2023
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

WRONG SPELLING FIRST NAME MIKE COHEN

Correct the inaccuracy, incorrect statement, or defect:

GOOD SPELLING FIRST NAME IS MICKAEL COHEN



(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)

MICKAEL COHEN

(Typed or printed name of person signing)



(Title of person signing)

Filing Fee: \$35.00