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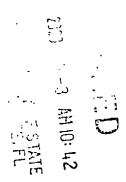
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
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Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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IMPORTANT NOTICE

PLEASE SEND ALL DOCUMENTS –
APPROVED OR REJECTED TO THE ADDRESS
BELOW.

INC AUTHORITY ATTN: CORPORATE MAINTENANCE LEAD

1450 VASSAR ST RENO, NV 89502

OR

RETURNDOCS@INCAUTHORITY.COM

TO: PHYSICAL: Dept. of State

Division of Corporations

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

MAILING: Dept. of State

Division of Corporations

Corporate Filings P.O. Box 6327

Tallahassee, FL 32314

FROM: National Corporate Headquarters, Inc.

1450 Vassar St Reno NV 89502 (800) 638-2320 (775) 329-0852

DATE: Wednesday, December 14, 2022

SENT VIA USPS

To Whom It May Concern:

Attached, please find the following document(s):

• Statement of Correction for Florida or Foreign Limited Liability Company For MILLIONAIRE MOMMIE GLOBAL, LLC

We have included payment in the amount of \$25.00 for the following fees:

• Filing Fee

We have included one original and one copy.

If there are any questions, please call 800-638-2320

Please return the file stamped copy of Amendment to Articles of Organization to the address below:

Processing Department 1450 Vassar St Reno NV 89502

COVER LETTER

FO: Registration ! Division of C						
MILLIC SUBJECT:	NAIRE MOMMIE GLOBA	AL, LLC				
SUBJECT:	Name of Limited Liability Company					
Dear Sir or Madam:						
The enclosed Stateme	nt of Correction and fee(s) a	re submitted for film	g.			
Please return all corre	spondence concerning this n	natter to the following	2:			
	Name of Person	_	-			
	Name of renoil					
IncAuthority			-			
	Firm Company					
1450 Vassar St.						
	Address		-			
Reno, NV 89502						
	City State and Zip Code		-			
returndoes@ineautho	rity.com					
E-mail address:	(to be used for future annual	report notification)	-			
For further informatio	n concerning this matter, ple	rase call;				
Processing Departme	nt	877	684-2836			
Nan	ic of Person	Area Code	Daytime Telephone Number			
P.O. Box 6	n Section f Corporations		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
Enclosed is a check f	or the following amount:					
■\$25 Filing Fee	☐ \$30 Filing Fee & Certificate of Status	□\$55 Filing Fee & Certified Copy	☐ \$60 Filing Fee. Certificate of Status & Certified Copy			

COVER LETTER

TO:		stration Se sion of Co	ection rporations		
evo ie		MILLION	GAIRE MOMMIE GLOBA	.l., l.l.C	
SCBJE	SUBJECT:Name of Limited Liability Company				
Dear Si	r or M	ladam:			
The enc	losed	Statement	of Correction and fee(s) a	re submitted for filing	<u>2</u> .
Please r	return	all corresp	ondence concerning this n	natter to the following	<u>.</u> .
					-
			Name of Person		
IncAuti	hority				
		-	Firm Company		-
1450 V	'assar	St,			
			Address		-
Reno, A	NV 89	502			_
		(Tity State and Zip Code		-
returnd	loesta	incauthori	ty.com		
E-	-mail :	iddress: (t	o be used for future annual	report notification)	-
For furt	ther in	formation	concerning this matter, ple	ease call:	
Process	sing D	epartment		877	684-2836 1
		Name	of Person	at (at Code	Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			Section Corporations 27	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
Enclose	ed is a	check fo	r the following amount:		
≘ \$25 I	Filing	Fee	☐ \$30 Filing Fee & Certificate of Status	□\$55 Filing Fee & Certified Copy	☐ \$60 Filing Fee. Certificate of Status & Certified Copy

2023 J-4-3 AH IO: L2

STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

New Regis I hereby ac provisions	of all statutes relative to the proper and complete per of my position as registered agent as provided for in unge in the registered office address. I hereby confiri ge	nt: o act in this capacity. I further agree to comply with the formance of my duties, and I am familiar with and accept the Chapter 605, F.S. Or, if this document is being filed to meret m that the limited liability company has been notified in writh gent's Signature			
New Regis I hereby ac provisions obligation reflect a ch	vept the appointment as registered agent and agree to of all statutes relative to the proper and complete per of my position as registered agent as provided for in ange in the registered office address. I hereby confir	o act in this capacity. I further agree to comply with the formance of my duties, and I am familiar with and accept the Chapter 605, F.S. Or, if this document is being filed to merel			
	finew registered agent, if applicable if NOTE: if com- ne designation).	ecting the registered agent, the new registered agent must sign			
	•				
m —	e electronic transmission of the record was defective. Signature of Authorized Representative	0 2 10 12 - 5			
<u>o</u>	<u> </u>				
		ment was defectively signed and the appropriate correction ar			
to	us. Manager #1 Name, and signature of authorized person	on should read "Sherida Brown."			
th.		a hidden character in the clients name that was invisible			
	*··· ·	on the articles are incorrect. The articles currently list			
		it, the reason the statement is incorrect, and the corrected			
<u>inikų</u> .	(CHECK THE APPROPRIATE BOX AND CO				
THIRD: Document to be corrected is:					
SECOND:	The Floride Degrammer number of the limited li	ability company is:			
	Tiane of the inflice habitity company is.				
<u>1131</u> . []	name of the limited liability company is: MILLION	AIRE MOMMIE GLOBAL, LLC			