

N02000000711

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

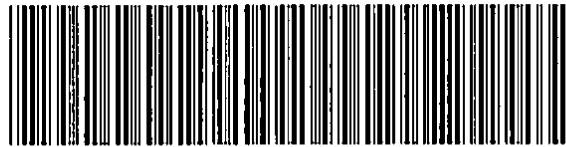
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800408683848

05/16/23--01029--025 **35.00

2023 MAY 16 AM 9:19

28 2023

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: HOUSE OF THE LIVING GOD OF HLG #2 INC
Name of Corporation

DOCUMENT NUMBER: N02000000711

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

Please return all correspondence concerning this matter to the following:

ALEX LACROIX

Name of Contact Person

ALM TAX SERVICE INC

Firm/Company

5023 MADISON LAKE CIRCLE WEST

Address

DAVIE FL 33328

City/State and Zip Code

almtaxes@comcast.net

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

For further information concerning this matter, please call:

ALEX LACROIX

Name of Contact Person

at (

786

Area Code

3995454

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

HOUSE OF THE LIVING GOD OF HLG #2 INC

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

N02000000711

Document Number (if known)

2023 MAY 16 AM 9:20

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 N02000000711
(Document Type Being Corrected)

filed with the Department of State on 04/05/2023
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

title vp PAMPHILE-LACROIX, DARLINE 905 NE 137 ST NORTH MIAMI, FL 33161

Correct the inaccuracy, incorrect statement, or defect:

title S PAMPHILE-LACROIX, DARLINE 905 NE 137 ST NORTH MIAMI, FL 33161

(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.)

alex lacroix

(Typed or printed name of person signing)

president

(Title of person signing)

Filing Fee: \$35.00