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COVER LETTER

TO: Amendment Section Division of Corporations				
SUBJECT: INYONI RECOVERY	AND WELLNESS CENTER, INC.			
DOCUMENT NUMBER: N14000002	ame of Corporation			
The enclosed Articles of Correction and fee	e are submitted for filing.			
Please return all correspondence concernin	g this matter to the following:			
Tommy G. Smith	-			
Name of Contact Person				
Shell Fleming Davis an	d Menge			
Firm/Company				
226 Palafox Place, Ninth Floor				
Pensacola, Florida 325	02			
City/State and Zip Code				
tsmith@shellfleming.com				
E-mail address: (to be used for future annual re	port notification)			
For further information concerning this ma	tter, please cali:			
Tommy G. Smith	at (850 <u>434-2411</u>			
Name of Contact Person	Area Code & Daytime Telephone Number			
Enclosed is a check for the following amou	int:			
■ \$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:	Street Address:			
Amendment Section Division of Corporations	Amendment Section Division of Corporations			
P.O. Box 6327	Clifton Building			
Tallahassee, FL 32314	2661 Executive Center Circle			

Tallahassee, FL 32301

ARTICLES OF CORRECTION

For

INVONERED AND WELLINESS CENTED INC

THE CONTINUE OF		rrently filed with the Florida Dept. of State	
	. a or corporation as cur	riemy med min the Florida pept, of Salte	
	N140000021	39	PH 11: 47
	Documo	ent Number (if known)	=
			=
these Articles of Correction	on within 30 days of	4 or 617.0124, Florida Statutes, thi f the file date of the document being	s corporation files
These articles of correction	n correct Articles	of Incorporation	
		(Document Type Being Corrected)	 ,
filed with the Department	of State on March	h 3, 2014	•
•		(File Date of Document)	
Specify the inaccuracy, in	correct statement, o	or defect:	
Officer Title: Ekater	rina Henning is	shown as DVPT	
			<u></u>
-			
Correct the inaccuracy, in	correct statement, or	r defect:	
Officer Titles for Ekateri	na Henning should	be: DVPS (Director, Vice President	ent and Secretary)
		, , , , , , , , , , , , , , , , , , , ,	
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		nt or other officer - if directors or officers have	_
n C	of been selected, by an incorporation in the selected of the s	orator - if in the hands of the receiver, trustee, or , by that fiduciary.)	

Ekaterina Henning
(Typed or printed name of person signing)

Director

(Title of person signing)

Filing Fee: \$35.00