

N 15000012143

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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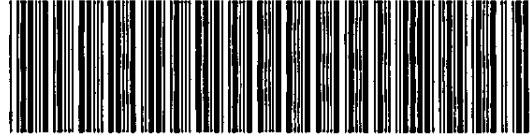
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: THE LEARNING AND WORK ZONE, INC.  
Name of Corporation

DOCUMENT NUMBER: N15000012143

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

Please return all correspondence concerning this matter to the following:

Jamon Liburd

Name of Contact Person

The Learning and Work Zone, Inc.

Firm/Company

4847 POND RIDGE DR.

Address

RIVERVIEW, FL 33578

City/State and Zip Code

jamonliburd@gmail.com

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

For further information concerning this matter, please call:

Jamon Liburd

Name of Contact Person

at ( 340 ) 642-6246

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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

# ARTICLES OF CORRECTION

For

**THE LEARNING AND WORK ZONE, INC.**

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

**N15000012143**

Document Number (if known)

Pursuant to the provisions of Section 607.0124 or 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 Non-Profit Incorporation**,  
(Document Type Being Corrected)

filed with the Department of State on **12/16/2015**,  
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

**The names of two offices require correcting:**

**Incorrect Name of President: James Liburd**

**Incorrect Name of Secretary: Carleen Liburd**

Correct the inaccuracy, incorrect statement, or defect:

**Correct Name of President: Jamon Liburd**

**Correct Name of Secretary: Carleen Morris**

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TALLAHASSEE, FLORIDA



(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.)

**340-642-6246**

(Typed or printed name of person signing)

**President**

(Title of person signing)

**Filing Fee: \$35.00**