N20000002405

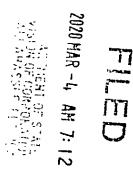
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MAR 24 2020 S. YOUNG

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Alachua County Woodturners, I	
	Name of Corporation
DOCUMENT NUMBER: N2000000240	13
The enclosed Articles of Correction and	I fee are submitted for filing.
Please return all correspondence concer-	rning this matter to the following:
Stephanie George	
Name of Contact Person	
Fum/Company	
4624 NW 44th Place	
Address	
Gainesville, FL 32606	
City/State and Zip Cod	e e
sgeorgefl@gmail.com	
F-mail address (to be used for future annu-	ial report norification)
For further information concerning this	matter inlease calls
•	·
Stephanie George Name of Confact Person	at (352 494-0950 Daytime Telephone Number
reality of Confact Ferson	Area Code Daytime Telephone Stumper
Enclosed is a check for the following an	mount:
□ \$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

Alachua County Woodturners, Inc.	
Name of Corporation as currently filed w	ith the Florida Dept. of State
N20000002405	
Document Number (if	France
	7.10-10-10-10-10-10-10-10-10-10-10-10-10-1
Pursuant to the provisions of Section 617.0124, Florid Articles of Correction within 30 days of the file date o	f the document being corrected.
These articles of correction correct Articles of Incorporat	ion
	(Document Type Being Corrected)
filed with the Department of State on February 28, 2020	
(rhe tx	ite of Document)
Specify the inaccuracy, incorrect statement, or defect:	
The incorporator filed the incorrect name for the organization.	
	20 H
	- 100m
	<u>~~~</u>
	100 A
	· · · · · · · · · · · · · · · · · · ·
Correct the inaccuracy, incorrect statement, or defect:	
The correct name of the organization should be "WOODTURN	SERS OF ALACHUA COUNTY, INC."
	
(Signature of a director, president or other off not been beleeted, by an incorporator - if in the other court appointed fiduciary, by that fiduciary	te bands of the receiver, trustee, or
	-
Stephanic George	Treasurer
(Typed or printed name of person signing)	(Title of person signing)

Filing Fee: \$35.00