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COVER LETTER

TO:

TO: Amendment Section Division of Corporations		
subject: Re-Imagine	Communities Inc.	
DOCUMENT NUMBER: N2	0000003901	
The enclosed Articles of Correction as	nd fee are submitted for filing.	
Please return all correspondence conc	erning this matter to the following:	
Shaunte Jenis	<u>50∩</u>	
Re-Imagine Com	munities Inc.	
1180 Tallow Ro	ad	
Apopka FI. 2	32703	
maneil shaunte		
For further information concerning thi	s matter, please call:	
Shaunte Jemison Name of Contact Person	at (321) 297 - 3791 Area Code Daytime Telephone Number	
Enclosed is a check for the following a	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

Re-Imagine Communities Inc. Name of Corporation as currently filed with the Florida Dept. of State	
N2000003901 Document Number (if known)	
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 Name of corporation	
iled with the Department of State on April 08, 2020 (File Date of Document)	
Specify the inaccuracy, incorrect statement, or defect: name: Re-Imagine Communities Inc.	
My Tax Exempt form shows Corp. not	sú.
ASS PER M	
Correct the inaccuracy, incorrect statement, or defect:	
name: Re-Imagine Communities Corp. Please change the Inc. at the end to	
CORP.	
(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.)	
Snavnte Jemison Founder - C.E.O./ (Typed or printed name of person signing) (Title of person signing)	President

Filing Fee: \$35.00