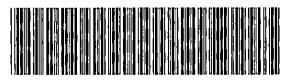
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TO:

Amendment Section

Tallahassee, FL 32314

Division of Corporations UNITED2SERVE, INC. SUBJECT: Name of Corporation N20000009840 DOCUMENT NUMBER:_ The enclosed Articles of Correction and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Carolyn Hall Name of Contact Person Hall Accounting & Tax Services LLC Firm/Company P. O. Box 442077 Address Jacksonville, FL 32222 City/State and Zip Code FloridaHelpNetwork@use.startmail.com E-mail address, (to be used for future annual report notification) For further information concerning this matter, please call: 234-4137 Carolyn Hall Name of Contact Person Enclosed is a check for the following amount: ☐ \$43.75 Filing Fee & Certificate of Status **3** \$35.00 Filing Fee ☐ \$52.50 Filing Fee, Certificate of Status & ☐ \$43.75 Filing Fee & Certified Copy Certified Copy Mailing Address: Street Address: Amendment Section Amendment Section **Division of Corporations** Division of Corporations The Centre of Tallahassee P.O. Box 6327

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF CORRECTION

For

UNITED2SERVE, INC.	
Name of Corporation as currently filed with the Florida Dept. of State	
N20000009840	
Document Number (if known)	
Pursuant to the provisions of Section 617.0124, Florida Statutes, this corporation for Articles of Correction within 30 days of the file date of the document being correct These articles of correction correct FLORIDA NOT FOR PROFIT CORPORATION A	ed.
iled with the Department of State on (File Date of Document)	
Specify the inaccuracy, incorrect statement, or defect: The name was inadvertently typed incorrectly. The name should have included the	
"Foundation", and additional spacing as reflected b	clow. CA
	_
Correct the inaccuracy, incorrect statement, or defect:	
The correct name should be:	
UNITED 2 SERVE FOUNDATION, INC.	
	
Spaces	
(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	
Capply 1 Hall Tomas	a tov
(Typed of printed name of person summit)	nervon signing)

Filing Fee: \$35.00