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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT:	
DOCUMENT NUMBER: N20000010952	ne of Corporation
The enclosed Articles of Correction and fee	are submitted for filing.
Please return all correspondence concerning	•
Neoshia Adams	
Name of Contact Person	
Jeremiah's Hope	
Firm/Company	
4255 Thomas Wood Ln	
Address	····-·
Winter Haven, FL 33880	
City/State and Zip Code	 '
nsw0701@yahoo.com	
E-mail address: (to be used for future annual repo	rt notification)
For further information concerning this matt	ter, please call:
Neoshia Adams	863 307-6308 at ()
Name of Contact Person	Area Code Daytime Telephone Number
Enclosed is a check for the following amour	nt:
■ \$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

Jermiah's Hope IV	. —	
	Name of Corporation as currently filed with the Florida De	ept of State 2020 OCT 19 PM 4: 40
	N20000010952	
•	Document Number (if known)	SECRETARY OF STATE TALLAHASSE, FL
ursuant to the provision tricles of Correction to	ons of Section 617.0124, Florida Statutes, within 30 days of the file date of the docum	this corporation files these nent being corrected.
hese articles of correc	etion correct	e Being Corrected)
	•	e nemg Corrector)
led with the Departmo	ent of State on 09/24/2020 (File Date of Document)	 .
necify the inaccuracy	, incorrect statement, or defect:	
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orrect the inaccuracy	, incorrect statement, or defect:	
•	_	
	e to Jeremiah's Hope Inc	
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	····	
	(Signature of a director, president or other officer - if directors	or officer house
	not been selected, by an incorporator - if in the hands of the re other court appointed fiduciary, by that fiduciary.)	ecciver, trustee. or
. /	. /	
Medshin	Adoms	President
(Ilynor) or print	ted name of nervon signing)	(Title of person signing)

Filing Fee: \$35.00