# N21000000518

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
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PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		





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07/23/21--01016--022 \*\*35.00

## **COVER LETTER**

TO: Amendment Section Division of Corporations		
SUBJECT: Ema and Associates Inc.  DOCUMENT NUMBER: NZ1000000518		
The enclosed Articles of Correction and fee		
Please return all correspondence concerning	•	
Linda Elma Name of Contact Person		
Elma and Associate	es Inc.	
Po Box 266301	·	
Weston FL 3332L		
elmalinda 07786		
For further information concerning this mat	ter, please call:	
Linda Elma Name of Contact Person	at (786) 237-5165 Area Code Daytime Telephone Number	
Enclosed is a check for the following amount	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

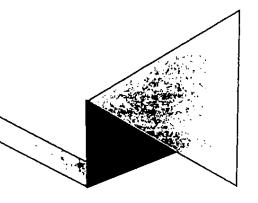
Elma and ASSOCiates Inc. Name of Corporation as currently filed with the Florida Dept. of State
NZ 10000 00518  Document Number (If known)
Pursuant to the provisions of Section 617.0124, Florida Statutes, this corporation files these Articles of Correction within 30 days of the file date of the document being corrected.  These articles of correction correct    FL Non PROFIT INCORPORATION (Document Type Being Corrected)
iled with the Department of State on O/12/2001.  (File Days of Document)
Specify the inaccuracy, incorrect statement, or defect: SEE DOCUMENT ATTACHED
Correct the inaccuracy, incorrect statement, or defect: SEE DOCUMENT ATTACHED
(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 tiduciary.)  President  (Typed or printed name of person signing)  (Title of person signing)

Filing Fee: \$35.00



**ELMA AND ASSOCIATES INC.** 

**ARTICLES OF CORRECTION** 



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Linda S. Elma MBA, MSW, LCSW 11601 Biscayne Blvd, 303 Miami FL, 33181

#### Specify the inaccuracy, incorrect statement, or defect:

The specific purpose for which this corporation is organized is:

THE GENERAL NATURE OF THE OBJECT OF THIS CORP.IS TO EMPLOY PERSONNEL FOR THE TREATMENT OF MENTAL AND EMOTIONAL ILLNESSES OF INDIVIDUALS AS A CHARITABLE AND NONPROFIT CORP. BY CONSTRUCTIVE AND PREVENTIVE SERVICES TO INDIVIDUALS.

#### Correct the inaccuracy, incorrect statement, or defect:

Said organization is organized exclusively for charitable, religious, educational, and scientific purposes, including, for such purposes, the making of distributions to organizations that qualify as exempt organizations described under Section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code.

Upon the dissolution of the organization, assets shall be distributed for one or more exempt purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a state or local government, for a public purpose. Any such assets not disposed of shall be disposed of by a court of competent jurisdiction in the county in which the principal office of the organization is then located, exclusively for such purposes or to such organization or organizations, as said Court shall determine, which are organized and operated exclusively for such purposes.

Sincerely,

Linda S. Elma MBA, MSW, LCSW

954-278-0487
info@lindaelmalcsw.com
www.lindaelmalcsw.com

11601 Biscayne Blvd, STE 303 Miami FL 33181