

N21 000000 2099

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(Address)

(Address)

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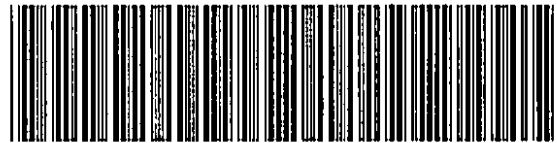
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R. WHITE

APR 29 2021

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** INVICIBLE AMIGOS CORP

Name of Corporation

**DOCUMENT NUMBER:** N21000002099

The enclosed Articles of Correction and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

CARLOS MEDINA

Name of Contact Person

BRINGABOUT, INC

Firm/Company

6205 BLUE LAGOON DR STE 130

Address

MIAMI, FL 33126

City/State and Zip Code

INFO@BRINGABOUT.US

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CARLOS MEDINA

at ( 305 ) 6551589

Name of Contact Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following 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

INVINCIBLE AMIGOS CORP

\_\_\_\_\_  
Name of Corporation as currently filed with the Florida Dept. of State

N21000002099

\_\_\_\_\_  
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 ARTICLES OF INCORPORATION  
(Document Type Being Corrected)

filed with the Department of State on 02/16/2021  
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

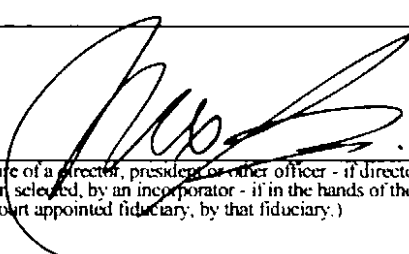
NAME MISSPELLED

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_

Correct the inaccuracy, incorrect statement, or defect:

INVINCIBLE AMIGOS 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.)

MICHELLE FRAZZETTA

\_\_\_\_\_  
(Typed or printed name of person signing)

PRESIDENT

\_\_\_\_\_  
(Title of person signing)

**Filing Fee: \$35.00**