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, CO	VER LETTER
TO: Amendment Section Division of Corporations	^ ı
ROGUE DISASTER REPONSE TE SUBJECT:	EAM, INC
DOCUMENT NUMBER:	lame of Corporation
The enclosed Articles of Correction and fe	e are submitted for filing.
Please return all correspondence concernin	ig this matter to the following:
MARLON RAMOS	
Name of Contact Person	
ROGUE DISASTER RESPONSE TEAM, INC	
Firm/Company	
1042 HORSESHOE FALLS DR	
Address	
ORLANDO, FL 32828	
City/State and Zip Code	<u> </u>
MarlonMRamos@gmail.com	
E-mail address: (to be used for future annual re	port notification)
For further information concerning this ma	atter, please call:
Marlon Ramos	619 758-5191
Name of Contact Person	at ()
Enclosed is a check for the following amount	unt:
□ \$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

Street Address:

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Amendment Section Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Mailing Address:

P.O. Box 6327

Amendment Section

Division of Corporations

Tallahassee, FL 32314

## **ARTICLES OF CORRECTION**

For

ROGUE DISASTER REPONSE TEAM, INC.

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

## N2100003418

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 (File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

Misspelling in name. "RESPONSE" is misspelled as "REPONSE" (missing first "S")

Correct the inaccuracy, incorrect statement, or defect: Name should be: ROGUE DISASTER RESPONSE TEAM, INC

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(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.)

Marlon Ramos

Incorporator

(Typed or printed name of person signing)

(Title of person signing)

Filing Fee: \$35.00