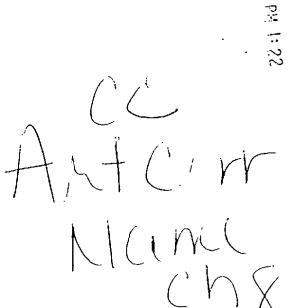
N21000010609

(Requestor's Name)	
(Address)	300373198343
(Address)	
(City/State/Zip/Phone #)	09/23:2101005015 **35.00
(Business Entity Name)	10/04/2101006021 **8.75
(Document Number)	20.7. 20.7.
Certified Copies Certificates of Status	262) 857 23
Special Instructions to Filing Officer:	PM 1: 22

Office Use Only



OCT 0.3 2021 : ALBRITTO :

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: MINISTERIOS MASSE HAMERI	KABA, INC.
DOCUMENT NUMBER: N21000010609	·
The enclosed Articles of Correction and f	ee are submitted for filing.
Please return all correspondence concerni	ng this matter to the following:
INDIRA J. WELCH	
Name of Contact Person	·
Firm/Company	
1849 NW 83RD TERRACE	
Address	
MIAMI, FL 33147	
City/State and Zip Code	
JAIJATORAL@GMAIL.COM	
li-mail address: (to be used for future annual r	report notification)
For further information concerning this m	atter, please call:
INDIRA J. WELCH	
Name of Contact Person	at (786) 727-7125 Area Code Daytime Telephone Number
Enclosed is a check for the following amo	ount:
■ \$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	Street Address: Amendment Section Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee. FL 32303

Tallahassee, FL 32314

COVER LETTER

SUBJECT: Name of Corporation	TO: Amendment Section Division of Corporations	
The enclosed Articles of Correction and fee are submitted for filing. Please return all correspondence concerning this matter to the following: INDIRA J. WELCH Name of Contact Person Firm/Company 1849 NW 83RD TERRACE Address MIAMI, FL 33147 City/State and Zip Code JAIJATORAL@GMAIL.COM E-mail address* (to be used for future annual report notification) For further information concerning this matter, please call: INDIRA J. WELCH Name of Contact Person at (786)727-7125 Area Code Daytime Telephone Number Enclosed is a check for the following amount: \$335.00 Filing Fee \$43.75 Filing Fee & Certificate of Status & \$43.75 Filing Fee, Certificate of Sta	SUBJECT:	
Please return all correspondence concerning this matter to the following: INDIRA J. WELCH Name of Contact Person Firm/Company 1849 NW 83RD TERRACE Address MIAMI, FL 33147 City/State and Zip Code JAIJATORAL@GMAIL.COM E-mail address* (to be used for future annual report notification) For further information concerning this matter, please call: INDIRA J. WELCH Name of Contact Person at (786) 727-7125 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, Certificate o		
INDIRA J. WELCH Name of Contact Person	The enclosed Articles of Correction and fe	e are submitted for filing.
Name of Contact Person Firm/Company 1849 NW 83RD TERRACE Address MIAMI, FL 33147 City/State and Zip Code JAIJATORAL@GMAIL.COM E-mail address (to be used for future annual report notification) For further information concerning this matter, please call: INDIRA J. WELCH Name of Contact Person at (Please return all correspondence concerning	g this matter to the following:
Firm/Company 1849 NW 83RD TERRACE Address MIAMI, FL 33147 City/State and Zip Code JAIJATORAL@GMAIL.COM E-mail address (to be used for future annual report notification) For further information concerning this matter, please call: INDIRA J. WELCH Name of Contact Person at (INDIRA J. WELCH	
MIAMI, FL 33147 City/State and Zip Code JAIJATORAL@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: INDIRA J. WELCH Name of Contact Person at (Name of Contact Person	
MIAMI, FL 33147 City/State and Zip Code JAIJATORAL@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: INDIRA J. WELCH Name of Contact Person at (Firm/Company	
MIAMI, FL 33147 City/State and Zip Code JAIJATORAL@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: INDIRA J. WELCH Name of Contact Person at (786) 727-7125 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, Certificate of Status &		
JAIJATORAL@GMAIL.COM E-mail address: (to be used for future annual report notification)	Address	
JAIJATORAL@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: INDIRA J. WELCH at (786) 727-7125 Name of Contact Person at (786) Optime Telephone Number Enclosed is a check for the following amount: \$\Begin{align*} \text{ \$\text{S}\text{3.75 Filing Fee} & Certificate of Status & \text{ \$\text{S}\text{3.75 Filing Fee}, Certificate of Status & \text{ \$\text{3.75 Filing Fee}, Certificate of Status & \$\tex	MIAMI, FL 33147	
For further information concerning this matter, please call: INDIRA J. WELCH at (786) 727-7125 Name of Contact Person at (786) Daytime Telephone Number Enclosed is a check for the following amount: \$\Begin{array} \\$ \\$ \\$ \\$ \\$ \\$ \\$ \\$ \\$ \\$ \\$ \\$ \\$	City/State and Zip Code	
For further information concerning this matter, please call: INDIRA J. WELCH at (786) 727-7125 Name of Contact Person at (786) Daytime Telephone Number Enclosed is a check for the following amount: \$\Begin{align*} \pm \frac{35.00}{2} \end{align*} \] \$\Begin{align*} \pm \frac{43.75}{2} \end{align*} \end{align*} \] \$\Begin{align*} \pm \frac{43.75}{2} \end{align*} \text{Filing Fee, Certificate of Status & Align*} \text{Align*} \tex	JAIJATORAL@GMAIL.COM	
INDIRA J. WELCH at (786) 727-7125 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, Certificate of Status &	E-mail address: (to be used for future annual re	port notification)
at (786) 727-7125 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, Certificate of Status &	For further information concerning this ma	tter, please call:
Enclosed is a check for the following amount: \$\Bigsim \frac{35.00}{2} \text{ Filing Fee & Certificate of Status}\$		at (786)727-7125
■ \$35.00 Filing Fee	Name of Contact (Class)	Area Code Daytime Telephone Number
□ \$43.75 Filing Fee & Certified Copy □ \$52.50 Filing Fee, Certificate of Status &	Enclosed is a check for the following amou	int:
	■ \$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:

Amendment Section

Division of Corporations

The Centre of Tallahassee

Mailing Address:

P.O. Box 6327

Amendment Section

Division of Corporations

ARTICLES OF CORRECTION

For

	ASSE HAMERKABA, INC.	
	Name of Corporation as currently filed with the Florida Dept of State	
	N21000010609	
	Document Number (if known)	
Pursuant to the provi Articles of Correction	sions of Section 617.0124, Florida Statutes, this corporation files these n within 30 days of the file date of the document being corrected.	:
These articles of corr	rection correct NON PROFIT ARTICLES OF INCORPORATION	
	(Document Type Being Corrected)	_'
iled with the Departi	ment of State on $\frac{9/7/2021}{}$	
•	(File Date of Document)	
specify the inaccurac	ey, incorrect statement, or defect:	
THE CORPORATION 1	NAME WAS MISSPELLED.	
		_
Correct the inaccurac	y, incorrect statement, or defect:	
HE CORRECT SPELL	ING OF THE CORPORATION IS MINISTERIOS MAASE HAMERKABA, IN-	C.
		_

INDIRA J. WELCH

PRESIDENT

(Typed or printed name of person signing)