

N22 000 000 000 000

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

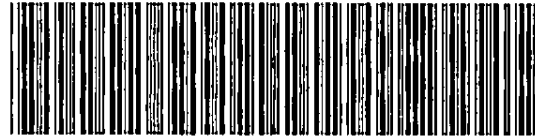
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STATE OF FLORIDA

C. BRUMBLEY
FEB - 1 2022

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: PTOWN-LOVE OUT CITY

Name of Corporation

DOCUMENT NUMBER: N/22000000100

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

Please return all correspondence concerning this matter to the following:

SABRINA ALLEN BRAGG

Name of Contact Person

PTOWN- LOVE OUR CITY

Firm/Company

P.O. BOX #1172

Address

PALMETTO, FL. 34220

City/State and Zip Code

SALLEN121 @TAMPABAY.RR.COM

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

For further information concerning this matter, please call:

SABRINA ALLEN BRAGG

at (941) 448-6015
Area Code Daytime Telephone Number

Name of Contact Person

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

PTOWN- LOVE OUR CITY

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

N22000000100

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 NAME- PTOWN- LOVE OUR CITY
(Document Type Being Corrected)

filed with the Department of State on 01/03/2022
(File Date of Document)

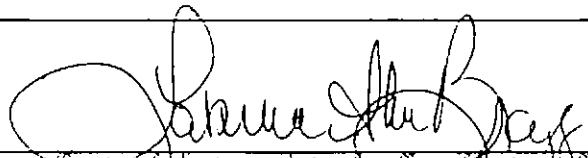
Specify the inaccuracy, incorrect statement, or defect:

THE NAME SHOULD BE "PTOWN -LOVE OUR CITY" , INSTEAD OF "PTOWN- LOVE OUT CITY"

FILED
2022 JAN 12 AM 8:11
CLERK OF STATE
TALLAHASSEE, FL

Correct the inaccuracy, incorrect statement, or defect:

THE NAME SHOULD BE "PTOWN -LOVE OUR CITY" not "PTOWN- LOVE OUT CITY"



(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)

SABRINA ALLEN BRAGG

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35.00