N 220000/0347

	(Requestor's Name)			
	(Address)			
	(Address)			
	(City/State/Zip/Phone #)			
	_			
PICK-UP	WAIT MAIL			
	(Business Entity Name)			
	(Document Number)			
	(Social Charles)			
Certified Copies	Certificates of Status			
Special Instructions to Filing Officer				
(17 (1)			
<u>'</u>	617.0125(2)			
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Att. of Correction
Where Change
09/26/22

COVER LETTER

TO: Amendment Section Division of Corporations

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Phemi Outreach Youth Ministry Inc	c.			
	Name of Co	rporation		
DOCUMENT NUMBER: N22000010347				
The enclosed Articles of Correction and fe	ee are su	ibmitted fo	or filing.	
Please return all correspondence concernir	ng this r	natter to th	ne following:	
Leigh McBurnie				
Name of Contact Person			-	
N/A				
Firm/Company			•	
7404 Woodill Park Drive Apt.#1314				
Address		·	•	
Orlando, Florida 32818				
City/State and Zip Code			-	
leighmc90@gmail.com				
E-mail address: (to be used for future annual r	cport_notifi	cation)	-	
For further information concerning this m	atter, pl	ease call:		
Leigh McBurnie	at (4 07	860-8540	
Name of Contact Person	a. (_	Area Code	Daytime Telephone Number	
Enclosed is a check for the following amo	ount:			
□ \$35.00 Filing Fee	35.00 Filing Fee & Certificate of S			
□ \$43.75 Filing Fee & Certified Copy	- 5		ng Fee, Certificate of Status & ified Copy	
Mailing Address: Amendment Section			Street Address: Amendment Section	

Division of Corporations

Tallahassee, FL 32303

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

ARTICLES OF CORRECTION

For

	N22000010347		
	Document Number (if known)		
Articles of Correction v	ons of Section 617.0124, Florida Statute within 30 days of the file date of the doc	ument being corrected.	
These articles of correct	ction correct 122000010347 Article	S of Incorpor	atich
filed with the Denartme	ent of State on 09/08/2022		
ines with the population	(File Date of Docum	ent)	
Specify the inaccuracy,	, incorrect statement, or defect:		
	fit Inc. I accidently placed outreach before you	th therefore it needs to be o	orrected. I
STATE OF THE STATE	The second secon		35 X
	A Section of the American		<u>ਲ-< </u>
			3 B
		Ś	F: 32
Correct the inaccuracy,	, incorrect statement, or defect:		X
The corrected name needs	to be displayed professionally titled, Phemi Yo		
		-	
	Pin I Mad	9/19/22	
	Lein of MEiner	9/19/22	
	Separature of a director, president or other officer - if direct boon selected, by an incorporator - if in the hands of the	9/19/22 tors or officers have the receiver, trustee, or	
	(Strashurd a director, president or other officer - if directly been selected, by an incorporator - if in the hands of the count appointed fiduciary, by that fiduciary.)	9/19/22 tors or officers have the receiver, trustice, or	

Filing Fee: \$35.00