N24000010079

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2024 SEP 18 FH12: 34

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P.O. Box 6327

Tallahassee, FL 32314

TO: Amendment Section **Division of Corporations** IRONHEAD GALLON FAMILY FOUNDATION, INC. Name of Corporation $\textbf{DOCUMENT NUMBER:} \underline{^{N24000010079}}$ The enclosed Articles of Correction and fee are submitted for filing. Please return all correspondence concerning this matter to the following: DESHAWNTEE GALLON Name of Contact Person IRONHEAD GALLON FAMILY FOUNDATION, INC. Firm/Company 2325 SW CR 360A MADISON, FL 32340 City/State and Zip Code DESHAWNGALLON27@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: DESHAWNTEE GALLON 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: Street Address: Amendment Section Amendment Section Division of Corporations **Division of Corporations**

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF CORRECTION

A Commence

For

IRONHEAD GALLON FAMILY FOUNDATION, INC.	SEP ,
Name of Corporation as currently filed with the Florida Dopt, o	A State
•	1. A. C.
N240000070	
Document Number (II known)	
Pursuant to the provisions of Section 607.0124, Florida Statutes.	
These articles of correction correct Articles of Incorporation	_
(Discurrent Type Beg	ng Corrected)
filed with the Department of State on 18/19/2024	
(hile Date of Document)	
Specify the inaccuracy, incorrect statement, or defect:	
Gloria Williams is listed as Secretary	
· · · · · · · · · · · · · · · · · · ·	
	-
Correct the inaccuracy, incorrect statement, or defect:	
Gloria Williams is the Treasurer	
Destravatre Gallon	
(1) Signature of a director, president or offer of the factors or of not been selected, by an incorporator of it in the hands of the receive other court appainted fiduciary, by that fiduciary.)	
Deshawntee Gallon	President
(Typed or printed name of person signme)	(Tale of person signing)

Filing Fee: \$35.00

(Tale of beison signing)