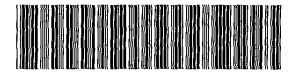
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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: A	J Help Ine (Name of Corporation)
	03000058637
The enclosed Articles of Correction and	fee are submitted for filing.
Please return all correspondence concern	ing this matter to the following:
Yacak Sha (Name of Person)	Khanov
(Name of Firm/Company	
11846 Jeskind	lakes Lone
Pora Raby (City/State and Zip Coo	Tra 33498
For further information concerning this n	natter, please call:
Takor Shakhana	at (54) 45/2874 (Area Code & Davime Telephone Number)
(
Enclosed is a check for the following am	ount;
\$35.00 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status
\$43.75 Filling Fee & Certified Copy	☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy
Mailing Address: Amendment Section Division of Corporations	Street Address: Amendment Section Division of Corporations
P.O. Box 6327 Tallahassee, Florida 32314	409 E. Gaines Street Tallahassee, Florida 32399

ARTICLES OF CORRECTION

for

ALL J HELP, INC.	
Name of Corporation as currently filed with the Florida Dept. of State	
P03000058637	
Document Number (if known)	
ursuant to the provisions of Section 607.0124 or 617.0124, Florida Statutes, this coese Articles of Correction.	orporation files
nese articles of correction correct ARTICLES OF INCORPORATION (Document Type)	
ed with the Department of State on 05/28/2003 (File Date of Document)	
pecify the incorrect statement and reason it is incorrect or the manner in which the effective:	execution was
IO OFFICERS/DIRECTORS WERE LISTED. SHOULD BE SINGLE STO	OCKHOLDER
VITH JACOB SHAKHANOV AS ONLY	
	P.
	<u> </u>
orrect the incorrect statement or defective execution:	S
DD JACOB SHAKHANOV AS ONLY OFFICER/DIRECTOR	
	<u> </u>
	- :
Signature of the Chairman or Vice Chairman of the Board of Directors, any of incorporator, if applicable.	ficer, or an
ACOB SHAKHANOV 06/04/2003 Typed or primed region of signs	T-10-
Typed of piloted figure of signer	Title
Filing Fee: \$35.00	