

P0500000 3499

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(City/State/Zip/Phone #)

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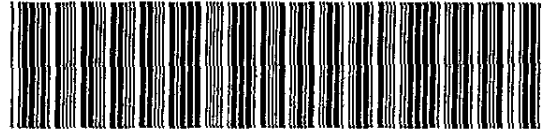
(Business Entity Name)

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: The Polka Dot Pineapple, Co.
(Name of Corporation)

DOCUMENT NUMBER: P05000003499

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

Please return all correspondence concerning this matter to the following:

Lisa Morelli
(Name of Person)

The Polka Dot Pineapple, Co.
(Name of Firm/Company)

1108 S. Myrtle Ave
(Address)

Sanford FL 32771
(City/State and Zip Code)

For further information concerning this matter, please call:

Lisa Morelli at (407) 323-7602
(Name of 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 & Certified Copy

☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Street Address:

Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

ARTICLES OF CORRECTION

for

The Polka Dot Pineapple, Co.

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

PO5000003499

Document Number (if known)

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TALLAHASSEE, FLORIDA

Pursuant to the provisions of Section 607.0124 or 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 Articles of Incorporation

(Document Type)

filed with the Department of State on JANUARY 7, 2005

(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

The name of Corporation is spelled
wrong.

Correct the inaccuracy, incorrect statement, or defect:

Change spelling of Corporation name
to:

The Polka Dot Pineapple, Co.

Lisa Morelli

(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.)

LISA MORELLI

(Typed or printed name of person signing)

DIRECTOR

(Title of person signing)

Filing Fee: \$35.00