

PO800000/9924

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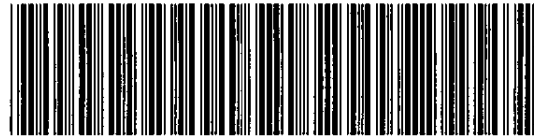
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Roberts MAR 11 2008

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: F.A.M.E. ADDICTS, INC.
(Name of Corporation)

DOCUMENT NUMBER: P08000019924

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

Please return all correspondence concerning this matter to the following:

MARK LEVINE

(Name of Contact Person)

F.A.M.E. ADDICTS, INC.

(Firm/Company)

12697 NW 68TH DRIVE

(Address)

PARKLAND, FLORIDA 33076-1965

(City/State and Zip Code)

For further information concerning this matter, please call:

MARK LEVINE

(Name of Contact Person)

at (954) 227-5621

(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, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF CORRECTION

for

F.A.M.E., ADDICTS ,INC.

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

P08000019924

Document Number (if known)

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SECRETARY OF STATE
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 Being Corrected)

filed with the Department of State on FEBRUARY 25, 2008
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

NAME IS INCORRECT-ARTICLE I

Correct the inaccuracy, incorrect statement, or defect:

F.A.M.E.D., INC.



(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.)

MARK LEVINE

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35.00