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(Requestor's Name) - (Address)	700162205127
(City/State/Zip/Phone #)	-
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COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: TEXT 2 LOOK	FLORIDA, INC.	
DOCUMENT NUMBER: 90016:	2070389	
The enclosed Articles of Correction and for	ee are submitted for filing.	
Please return all correspondence concerni	ng this matter to the following:	
GREGORY M. NORDT E. Name of Contact Person		
GMN LAW GROUP Firm/Company		
7501 NW 44 STREET, S		
RANTATION, R 33317 City/State and Zip Code	-	
GNOROT @ GMN LAWGROUP E-mail address: (to be used for future annual r		
For further information concerning this matter, please call:		
GREGORY M. NOFOT Name of Contact Person	at (434 - 7789 Area Code & Daytime Telephone Number	
Enclosed is a check for the following amo	unt:	
\$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

FILED

2009 NOV -4 PMII: 39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TEXT 2 Look FLOP: OA TWC.

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

900162070389

Document Number (if known)

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 TWORFRATION, (Document Type Being Corrected)
filed with the Department of State on /0/23/09 (File Date of Document)
Specify the inaccuracy, incorrect statement, or defect:
CHANGE NAME FROM: TEXT 2 LOOK FORIDA , INC.

Correct the inaccuracy, incorrect statement, or defect: 70: TXT2Look FORIOA 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.)
Typed or printed name of person signing) RESIDENT (Title of person signing)

Filing Fee: \$35.00