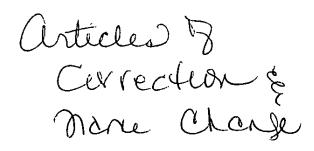
## P15000092423

(R	equestor's Name)		
(Address)			
(A	ddress)		
(C	ity/State/Zip/Phone	⇒ #)	
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	Certificates	s of Status	
Special Instructions to Filing Officer:			

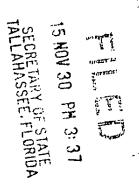
Office Use Only



200279419452



11/30/15--01047--020 \*\*35.00



DEC 2 2015 A RAMSEY

## **COVER LETTER**

TO: Amendment Section Division of Corporations	·			
SUBJECT: Gilmore So	lutions In c			
DOCUMENT NUMBER: 6002=	49028 696			
The enclosed Articles of Correction and fe	e are submitted for filing.			
Please return all correspondence concernin	g this matter to the following:			
Roboe Sandra Gilm Name of Contact Person	Λο Γ <b>Ε</b>			
Fimi/Company				
372 Parklands Trai				
Bozeman M+ 597 City/State and Zip Code	18			
Rob Gilmore e msn. Com E-mail address (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Sandra Gilmole Name of Contact Person	at ( 954) 363.6488  Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount	unt:			
<b>■</b> \$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			

## ARTICLES OF CORRECTION

For

A ARTER COMME

Gilmore Solutions Inc	15 NOV 30 PM 3: 37
Name of Corporation as currently filed with the Florida Dept- of State	SECRETARY OF STATE . TALLAHASSEE, FLORIDA
Document Number (if known)	•
Pursuant to the provisions of Section 607.0124 or 617.0124, Florida Statut these Articles of Correction within 30 days of the file date of the document	tes, this corporation files it being corrected.
These articles of correction correct Articles of Incorrect Document Type Being Chre	etation.
tiled with the Department of State on 11-12-2815  (File Date of Document)	······································
Specify the inaccuracy, incorrect statement, or defect:	
INCORRECT CORP NAME - GICMG	one Solutions, Inc
	100000000000000000000000000000000000000
Correct the inaccuracy, incorrect statement, or defect:	6
should be CIRCLE ANAlytic	<u>cs, (nc</u>

ROBERT GIMOVE
(Typed or printed name of person signing)

Pres DENT

Filing Fee: \$35.00

(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, )