P17000007369

| (Requestor's Name) | | |
|---|--|--|
| (Address) | | |
| (Address) | | |
| (City/State/Zip/Phone #) | | |
| PICK-UP WAIT MAIL | | |
| (Business Entity Name) | | |
| (Document Number) | | |
| Certified Copies Certificates of Status | | |
| Special Instructions to Filing Officer: | | |
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COVER LETTER

| TO: Amendment Section Division of Corporations | | |
|---|--|--|
| SUBJECT: Top Notch Klos | et INC 설 | |
| DOCUMENT NUMBER: P1700000 | Name of Corporation 17369 | |
| The enclosed Articles of Correction and for | | |
| Please return all correspondence concernit | ng this matter to the following: | |
| Lakeya Coleman | | |
| Name of Contact Person | | |
| Top Notch Kloset INC | | |
| Firm/Company | | |
| 15420 Livingston Ave | Apt 2502 | |
| Lutz FL 33559 | | |
| City/State and Zip Code | | |
| Topnotchkloset@gmail | l.com | |
| E-mail address: (to be used for future annual i | eport notification) | |
| For further information concerning this ma | atter, please call: | |
| Lakeya Coleman | at (786)338-5232 | |
| Name of Contact Person | Area Code & Daytime Tdephone 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 | Street Address: Amendment Section | |

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

ARTICLES OF CORRECTION

For

| Top Notch Kloset INC | |
|---|---|
| Name of Corporation as currently filed with the | e Florida Dept of State |
| P17000007369 | 45 |
| | wn) |
| | £ 33 |
| Pursuant to the provisions of Section 607.0124 or 617.012 these Articles of Correction within 30 days of the file date | of the document being corrected. 💆 📑 🥦 |
| These articles of correction correct Articles of Incorp | · - · - · |
| | ument Type Being Corrected) |
| filed with the Department of State on 1/20/2017 (File Date of | The summer of the state of the |
| Time Date of | 1Xcuncus) |
| Specify the inaccuracy, incorrect statement, or defect: | |
| Title: Ms | |
| Name of Corporation is: Top Notch Kloset | INC |
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| | |
| Correct the inaccuracy, incorrect statement, or defect: | |
| Title: P | |
| | |
| Name of Corporation is: TopNotch Kloset I | NC |
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| | |
| (Signature of a director, president or other officer - not been selected, by an incorporator - if in the har other court appointed fiduciary, by that fiduciary,) | ids of the receiver, trustee, or |
| Lakeya Coleman | President |
| (Typed or printed name of person summy) | (Title of person stemme) |

Filing Fee: \$35.00