

PM 1000070273

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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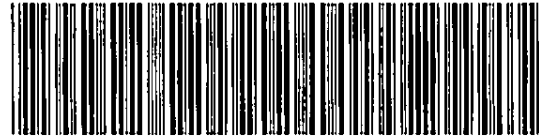
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: All Together Services Inc

Name of Corporation

DOCUMENT NUMBER: P17000070273

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

Please return all correspondence concerning this matter to the following:

Rodgetta Irven

Name of Contact Person

All Together Services Inc

Firm/Company

209 Lake Gene Dr

Address

Longwood FL 32773

City/State and Zip Code

rirven72@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rodgetta Irven

Name of Contact Person

at **(407) 925-7613**

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

All Together Services Inc

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

P17000070273

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 Organization
(Document Type Being Corrected)

filed with the Department of State on 08/21/2017
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

The effective date for this corporation shall be was entered as 09/21/2017
and should be dated as 08/21/2017.

Correct the inaccuracy, incorrect statement, or defect:

Please make the correction to the effective date of this corporation to 08/21/2017

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TALLAHASSEE, FLORIDA



(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.)

Rodgetta L Irven

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35.00