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COVER LETTER

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TO: Amendment Section Division of Corporations		
SUBJECT: IRON MAID NU	_	INC
DOCUMENT NUMBER: P18000089	Name of Corporation 9741	
The enclosed Articles of Correction and f	ee are submitted	for filing.
Please return all correspondence concerni	ng this matter to	the following:
BENJAMIN WILLARD		
Name of Contact Person		_
Firm/Company	 -	_
101 S FEDERAL HIGHWAY AP	T455	
Address		_
BOYNTON BEACH, FLORIDA 3: City/State and Zip Code	3435 	_
MVOGEL777@BELLSO		_
E-mail address: (to be used for future annual r	report notification}	
For further information concerning this m	atter, please call:	
BENJAMIN WILLARD	_{at (} 561	5169722
Name of Contact Person	Area Cod	e & Daytime Telephone Number
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■ \$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:	Street Addres	s:
Amendment Section	Amendment Section	
Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building	
Tallahassee, FL 32314	2661 Executive Center Circle	

Tallahassee, FL 32301

ARTICLES OF CORRECTION

For

IRON MAID NUTRITION INC		
Name of Corporation as currently filed with the Florida Dept. of State		
P18000089741		
Document Number (if known)		
Pursuant to the provisions of Section 607.0124 or 617.0124, Florida Statutes, this these Articles of Correction within 30 days of the file date of the document being	corrected.	on files
These articles of correction correct ARTICLES OF INCORPORATION (Decrease Providence)	1	_•
(Document Type Being Corrected)		
filed with the Department of State on 10/29/18 (File Date of Document)		
pin out of boundary		
Specify the inaccuracy, incorrect statement, or defect: MAID SPELLED WRONG		
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Correct the inaccuracy, incorrect statement, or defect:	 	ر فن
MADE IS CORRECT		FE 12: 93
(Specture of a director, president to other officer - if directors or officers have not been selected, by an incorporatar, if in the hands of the receiver, trustee, or		
other court appointed (iduciary, by that fiduciary,)		

Filing Fee: \$35.00

PRESIDENT

(Title of person signing)

BENJAMIN WILLARD

(Typed or printed name of person signing)