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COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: SUCCULENTS 4	Such Tr
DOCUMENT NUMBER: PZOOC	0042848
The enclosed Articles of Correction and fee	e are submitted for filing.
Please return all correspondence concerning	g this matter to the following:
Ann Marie Ressiru	<u> </u>
Succulents & Such	I M.C.
3850 Curry Ford	Ld Ste A
Orlando F 32 City/State and Zip Code	852
abes 5004 @ Swail. (ort notification)
For further information concerning this mat	ter, please call:
Name of Contact Person	at (407) 654 - 451 Daytime Telephone Number
Enclosed is a check for the following amount	nt:
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☐ \$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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF CORRECTION

For

Succulents + Such On (Name of Corporation as currently filed with the Florida Dept. of State			
P20000 428 4 8 Document Number (if known)			
Pursuant to the provisions of Section 607.0124, Florida Statutes.			
These articles of correction correct Anticles of Faculty Being Corrected)	·		
filed with the Department of State on (File Date of Document)			
Specify the inaccuracy, incorrect statement, or defect:			
Officer Full Name Should Be Shown As' Ann Marie Bessire			
Ann Marie Bessire	_ >		
	070		
			
	(<u>></u>		
Correct the inaccuracy, incorrect statement, or defect:	ప		
	· · · · · · · · · · · · · · · · · · ·		
	<u> </u>		
	<u> </u>		
(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.)			
Posido.	ſ.		
(Typed or printed name of person signing) (Title of person signing)	ting)		
(Typed or printed name of person signing) (Title of person signing) Filing Fee: \$35.00			