P21000010119

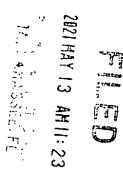
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AND CONT

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COVER LETTER

| TO: | Amendment Section Division of Corporations | | |
|---------------------------------------|---|--|---|
| SUB. | BLACK BEAR TECHNOLOGY JECT: | Same of Corporation | |
| DOC | UMENT NUMBER: P21000010119 | чане от согрупации | |
| | nclosed Articles of Correction and fe | e are submitted | for filing. |
| Pleas | e return all correspondence concernir | ng this matter to | the following: |
| NOEL | JA M RAMOS | | |
| | Name of Contact Person | | _ |
| NOEL | IA M RAMOS PA | | |
| | Firm/Company | | _ |
| 3105 8 | NW 107TH AVE STE 506A | | |
| | Address | | _ |
| DOR/ | AL, FL 33172 City/State and Zip Code | | _ |
| | | | |
| nociia | @nramoslaw.com E-mail address: (to be used for future annual re | port notification) | _ |
| For fi | arther information concerning this ma | | |
| NOEL | JA M RAMOS | 786 | 3008117 |
| | Name of Contact Person | at (Area Code | Daytime Telephone Number |
| Enclo | osed 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 Fil Cer | ing Fee, Certificate of Status & tified 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

| BLACK BEAR TECHNOLOGY INC | | | |
|--|------------------|--------------|-------------|
| Name of Corporation as currently filed with the Florida Dept. of | l State | | |
| P21000010119 | | | |
| Document Number (if known) | | | |
| | | | |
| Pursuant to the provisions of Section 607.0124, Florida Statutes. | | | |
| These articles of correction correct ARTICLE OF INCORPORATION -OI | FFICER'S LAST N. | AME; | |
| (Document Type Beir | ig Corrected) | | |
| filed with the Department of State on 01/25/2021 (File Date of Document) | · | | |
| Specify the inaccuracy, incorrect statement, or defect: | | | |
| OFFICER'S LAST NAME "MORA" | | | |
| | ·- | | ~ |
| | | | <u>82</u> |
| | | | X |
| | | 744-11 17 | 2021 MAY 13 |
| | | <u> </u> | |
| | | in. | AM 11: 23 |
| | | | |
| | | ' | ယ် |
| Correct the inaccuracy, incorrect statement, or defect: | | | |
| PRESIDENT OFFICER'S LAST NAME SHOULD READ "MORA CERON" | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| (Signature of a distribution o | Source have | | |
| (Signature of a director, president or other officer - if directors or off not been selected by an incorporator - if in the hands of the receiver other court appointed fiduciary, by that fiduciary.) | r, trustee, or | | |
| FABIAN MORA CERON | PRESIDENT | | |
| (Typed or printed name of person signing) | (Title of pers | on signing) | |

Filing Fee: \$35.00

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