

P21 0000 22584

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

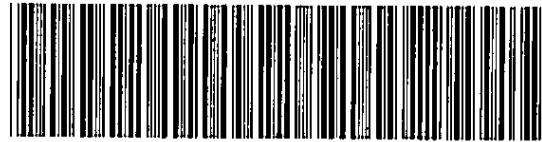
(Business Entity Name)

(Document Number)

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R. WHITE
JUN 28 2021

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: HEALING HAIR LAB INC
Name of Corporation

DOCUMENT NUMBER: P21000022584

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

Please return all correspondence concerning this matter to the following:

Robert Curbelo

Name of Contact Person

Firm/Company

11880 sw 47 st

Address

Miami Florida 33175

City/State and Zip Code

curbelor@gmail.com

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

For further information concerning this matter, please call:

Robert Curbelo

at (786) 251-2942
Area Code Daytime Telephone Number

Name of Contact Person

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF CORRECTION

For

HEALING HAIR LAB INC

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

P21000022584

Document Number (if known)

Pursuant to the provisions of Section 607.0124, Florida Statutes.

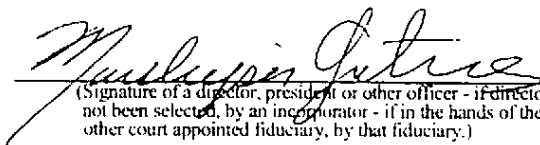
These articles of correction correct Officer Name
(Document Type Being Corrected)

filed with the Department of State on 03/04/2021
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

Office name is Marisleysis Gutierrez not Gonzalez her name before marriage is gonzalez. She married

Correct the inaccuracy, incorrect statement, or defect:


(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.)

Marisleysis Gutierrez
(Typed or printed name of person signing)

President
(Title of person signing)

Filing Fee: \$35.00