## P21000033666

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

SUBJECT:  INDINGO PLANTS INC	me of Corporation	
DOCUMENT NUMBER: P21000033666	ine of Corporation	
The enclosed Articles of Correction and fee	are submitted f	for filing.
Please return all correspondence concerning	g this matter to t	the following:
SUSAN KELLEY		
Name of Contact Person	<del> </del>	<u></u>
Firm/Company		_
29035 SW 152ND AVE		
Address		_
HOMESTEAD FL 33033		
City/State and Zip Code		_
taxserviceofsf@bellsouth.net		
E-mail address: (to be used for future annual rep	ort notification)	<del>-</del>
For further information concerning this mat	ter, please call:	
SUSAN KELLEY	305	246-0777
Name of Contact Person	at ( Area Code	Daytime Telephone Number
Enclosed is a check for the following amou	nt:	
■ \$35.00 Filing Fee	☐ \$43.75 Fili	ng Fee & Certificate of Status
☐ \$43.75 Filing Fee & Certified Copy	□ \$52.50 Fili Cert	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

INDINGO PLANTS INC				
Name of Corporation as currently filed with the Florida Dept. of Sta	ite			
P21000033666				
Document Number (if known)	<del></del>			
Pursuant to the provisions of Section 607.0124, Florida Statutes.				
These articles of correction correct  ARTICLES OF INCORPORATION  (Deciment Type Being Correction Correct)				
These articles of correction correct(Excument Type Being C	Corrected)		_,	
filed with the Department of State on (File Date of Document)	·			
Specify the inaccuracy, incorrect statement, or defect:				
THE CORPORATION NAME READS INDINGO PLANTS INC AND SHOULD	BE			
INDIGO PLANTS INC			2022	_
	· · · · · ·		2022 HAY	
			-2	
	<u>.</u>	<u> </u>	PH	
			ယ္	-;
		<u>- 1<sup>22</sup>⊅&gt;</u>	=	
Correct the inaccuracy, incorrect statement, or defect: THE CORPORATION NAME IS INDIGO PLANTS INC				
				_
(Signature of a director president or other officer - if directors or officer not been selected, by an incorporator - if in the hands of the receiver, trother court appointed fiduciary, by that fiduciary.)	rs have ustee, or			_
ALLAN H NUNES II PI	RESIDENT			
(Typed or printed name of person signing)	(Title of	person signi	ng)	

Filing Fee: \$35.00