

P210000069647

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** IMB CREDIT INC

Name of Corporation

**DOCUMENT NUMBER:** P21000069647

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

Please return all correspondence concerning this matter to the following:

CLIFFORD WALKER

Name of Contact Person

Firm/Company

1314 E LAS OLAS BLVD

Address

FORT LAUDERDALE FL 33301

City/State and Zip Code

AVALANCHEFINL@GMAIL.COM

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

For further information concerning this matter, please call:

CLIFFORD WALKER

at ( 954 )

638-7673

Name of Contact Person

Area Code

Daytime Telephone Number

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

IMB CREDIT INC

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

P21000069647

\_\_\_\_\_  
(Document Number (if known))

Pursuant to the provisions of Section 607.0124, Florida Statutes.

These articles of correction correct ARTICLES OF INCORPORATION

\_\_\_\_\_  
(Document Type Being Corrected)

filed with the Department of State on 08/02/2021

\_\_\_\_\_  
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

THE NAME OF THE CORPORATION IS INCORRECT

Correct the inaccuracy, incorrect statement, or defect:

THE NAME SHOULD BE IMB WORLD INC

CLIFFORD WALKER

(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.)

CLIFFORD WALKER

\_\_\_\_\_  
(Typed or printed name of person signing)

INCORPORATOR

\_\_\_\_\_  
(Title of person signing)

**Filing Fee: \$35.00**