P21000069647

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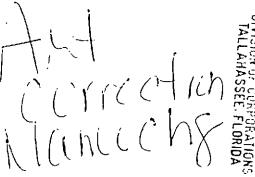
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VISION OF CORPORATION

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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT:	
	Name of Corporation
DOCUMENT NUMBER: P21000069647	
The enclosed Articles of Correction and for	ee are submitted for filing.
Please return all correspondence concerni-	ing 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 r	report notification)
For further information concerning this m	natter, please call:
CLIFFORD WALKEER	at () Daytime Telephone Number
Name of Contact Person	at ()
Enclosed is a check for the following amo	ount:
■ \$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	Street Address: Amendment Section Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314	Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 81

Tallahassee, FL 32303

ARTICLES OF CORRECTION

For

IMB CREDIT INC	
Name of Corporation as currently filed with the Florida D	ept, of State
P21000069647	
Document Number (n'known)	
Pursuant to the provisions of Section 607.0124, Florida Statutes.	
These articles of correction correct ARTICLES OF INCORPORATION (Incomplete of the content of t	ON e Being Corrected)
filed with the Department of State on 08/02/2021	C Being Connected)
(File Date of Document	
Specify the inaccuracy, incorrect statement, or defect:	2021 AUS
THE NAME OF THE CORPORATION IS INCORRECT	<u> </u>
	<u> </u>
	PH 12:
	, <u>, , , , , , , , , , , , , , , , , , </u>
	<u> </u>
Correct the inaccuracy, incorrect statement, or defect:	
THE NAME SHOULD BE IMB WORLD INC	
	
(Signature of a director, president or other officer - if directors not been selected, by an incorporator - if in the hands of the reother court appointed fiduciary, by that fiduciary.)	
CLIFFORD WALKER	INCORPORATOR
(Typed or printed name of person signing)	(Title of person signing)

Filing Fee: \$35.00