## P21000069851

| (Re                     | questor's Name)    |                        |  |
|-------------------------|--------------------|------------------------|--|
| (Ad                     | dress)             |                        |  |
| (Ad                     | ldress)            |                        |  |
|                         |                    |                        |  |
| (Cit                    | ty/State/Zip/Phon  | e #)                   |  |
| PICK-UP                 | ☐ WAIT             | MAIL                   |  |
| (Bu                     | rsiness Entity Nar | me)                    |  |
| (Do                     | ocument Number)    | )                      |  |
| Certified Copies        | _ Certificate:     | Certificates of Status |  |
| Special Instructions to | Filing Officer:    |                        |  |
|                         |                    |                        |  |
|                         |                    |                        |  |
|                         |                    |                        |  |
|                         |                    |                        |  |
|                         |                    |                        |  |
| <u></u>                 |                    |                        |  |





000371284360

08/09/21--01030--023 \*\*35.00



DAVISTA EL

## **COVER LETTER**

TO: Amendment Section Division of Corporations JARKAT ENTERPRISES INC SUBJECT: Name of Corporation DOCUMENT NUMBER: P21000069851 The enclosed Articles of Correction and fee are submitted for filing. Please return all correspondence concerning this matter to the following: DAVID NAMENIUK Name of Contact Person TAXPROS OF CLERMONT LLC Firm/Company 3735 S HWY 27 Address CLERMONT FL 34711 City/State and Zip Code ADMIN@TAXPROSOFCLERMONT.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: DAVID NAMENIUK 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: Street Address: Amendment Section Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF CORRECTION

For

| JERKAT ENTERPRISES INC                                                                                                                                                               | <u></u>                               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| Name of Corporation as currently filed with the Florida I.                                                                                                                           | Dept. of State                        |
| P21000069851                                                                                                                                                                         |                                       |
| Document Number (if known)                                                                                                                                                           |                                       |
| Pursuant to the provisions of Section 607.0124, Florida Statutes.                                                                                                                    |                                       |
| These articles of correction correct CORPORATION                                                                                                                                     |                                       |
| filed with the Department of State on 08-03-2021 (File Date of Document Type)                                                                                                        | e Being Corrected)                    |
| Specify the inaccuracy, incorrect statement, or defect:                                                                                                                              |                                       |
| CORPORATION NAME INCORRENT JERKAT ENTERPRISES INC                                                                                                                                    |                                       |
| MAILING ADDRESS CITY SPELLED INCORRECTLY CLERTMONT                                                                                                                                   |                                       |
| REGISTERED AGENT CITY SPELLED INCORRECTLY CLERTMONT                                                                                                                                  | <u> </u>                              |
|                                                                                                                                                                                      |                                       |
|                                                                                                                                                                                      |                                       |
|                                                                                                                                                                                      |                                       |
|                                                                                                                                                                                      |                                       |
| Correct the inaccuracy, incorrect statement, or defect: MAILING CITY CLERMONT                                                                                                        |                                       |
| REGISTERED AGENT CITY CLERMONT                                                                                                                                                       |                                       |
| NAME CORPORATION IS JER KAT ENTERPRISES INC                                                                                                                                          | <del></del>                           |
|                                                                                                                                                                                      | <del></del>                           |
|                                                                                                                                                                                      |                                       |
|                                                                                                                                                                                      |                                       |
|                                                                                                                                                                                      |                                       |
| (Signature of a director, president of other officer—of directors not been elected, by an incorporator—if in the hands of the reother court appointed fiduciary, by that fiduciary.) | or officers have ecciver, trustee, or |
|                                                                                                                                                                                      |                                       |
| DAVID NAMENIUK                                                                                                                                                                       | REGISTERED AGENT                      |
| (Typed or printed name of person signing)                                                                                                                                            | (Title of person signing)             |

Filing Fee: \$35.00