

P21000100472

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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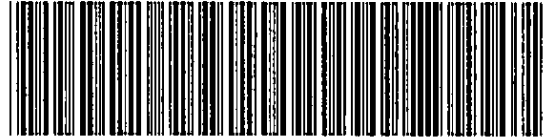
(Business Entity Name)

(Document Number)

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JANUARY 2021

T. LEMIEUX
DEC 22 2021

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: FL LIVING BENEFITS INC
Name of Corporation

DOCUMENT NUMBER: P21000100472

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

Please return all correspondence concerning this matter to the following:

AMY NGUYEN
Name of Contact Person

FL LIVING BENEFITS INC
Firm/Company

12761 TROPIC DR N
Address

JACKSONVILLE FL 32225
City/State and Zip Code

LANMYVYANH@YAHOO.COM
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

AMY NGUYEN at (904) 258-9289
Name of Contact Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | |
|--------------------------------------------------------------|-------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> \$35.00 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status |
| <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy | <input type="checkbox"/> \$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

FL LIVING BENEFITS INC

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

P21000100472

Document Number (if known)

Pursuant to the provisions of Section 607.0124, Florida Statutes.

These articles of correction correct OFFICER TITLE
(Document Type Being Corrected)

filed with the Department of State on 11/29/2021
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

INCORRECT: OFFICER: AMY NGUYEN - V

NEED CORRECT: OFFICER: AMY NGUYEN - P (PRESIDENT)

Correct the inaccuracy, incorrect statement, or defect:

21 DEC -8 AM 11:45
FILED
TALLAHASSEE
FLORIDA

Amy Nguyen

12/05/2021

(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)

AMY NGUYEN

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35.00