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SECRETARY OF STATE

COVER LETTER

TO: Amendment Section Division of Corporations	1
SUBJECT: HERMES DELIVERS TO H	ERMES DELIVERY Name of Corporation
DOCUMENT NUMBER: P22000002	·
The enclosed Articles of Correction a	and fee are submitted for filing.
Please return all correspondence cond	cerning this matter to the following:
BARBARA COBAS	
Name of Contact Pers	On .
HERMES DELIVERS/HERMESDELIVER	Y
Firm/Company	
675 NW 90TH STREET	
Address	
EL PORTAL FL 33150	
City/State and Ztp C BARBARA@HERMESDELIVERIES.COM	
E-mail address: (to be used for future a	inual report notification)
For further information concerning th	is matter, please call:
BARBARA COBAS	786 4691003
Name of Contact Person	at ()
Enclosed is a check for the following	amount:
■ \$35.00 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status
☐ \$43.75 Filing Fee & Certified Cop	y
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

FILED

2022 JAN 18 AN 10: 08

HERMES DELIVE	ERS INC	ZUZZ JAN TO AMILI: UO
	Name of Corporation as currently filed with the Florida Dept. of Si	SECRETARY OF STOTE
	P22000002299	(P)1.1 " · · · · · · · · · · · ·
	Document Number (if known)	<u> </u>
	sions of Section 607.0124, Florida Statutes.	
These articles of corr	rection correct Articles of Incorpora	Corrected)
	ment of State on 01/5./2022	
med with the Departi	(File Date of Document)	 ·
Specify the inaccurac HERMES DELIVERS I	ey, incorrect statement, or defect:	
Correct the inaccurac HERMES DELIVERY I	ey, incorrect statement, or defect:	
		
	(Signature of a director, president or other officer - if directors or office not been selected, by an incorporator - if in the hands of the receiver, to other court appointed fiduciary, by that fiduciary.)	rs have ustee, or
BARBARA COBAS	C	EO
(Typed or nr	inted name of person signing)	(Title of person summer)

Filing Fee: \$35.00