P22000006028

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022 MAR -7 PM 12: 35 SECRETARY OF STATE

COVER LETTER

TO:

Amendment Section Division of Corporations

Tallahassee, FL 32314

874 TRUCKING INC SUBJECT: Name of Corporation DOCUMENT NUMBER: P22000006028 The enclosed Articles of Correction and fee are submitted for filing. Please return all correspondence concerning this matter to the following: RICHARD LEBRUN Name of Contact Person 874 TRUCKING INC Firm/Company P.O. Box 864 Address SANFORD, FL 32772 City/State and Zip Code 874trucking@gmail.com E-mail address; (to be used for future annual report notification) For further information concerning this matter, please call: RICHARD LEBRUN Name of Contact Person Enclosed is a check for the following amount: □ \$35.00 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status ■ \$52.50 Filing Fee, Certificate of Status & Certified Copy ☐ \$43.75 Filing Fee & Certified Copy **Mailing Address:** Street Address: Amendment Section Amendment Section Division of Corporations **Division of Corporations** P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF CORRECTION

For

FILED 2022 MAR -7 PM 12: 35

874 TRUCKING INC

Name of Corporation as currently filed with	the Florida Dept. of State	TALLAHASSEE, FL
P22000006028		THE HASSEE, FL
Document Number (1f)		
Pursuant to the provisions of Section 607.0124, Florida	Statutes.	
These articles of correction correct Articles of incorporation	On Occument Type Being Corre	· · · · · · · · · · · · · · · · · · ·
(1	ocument Type Being Com	ected)
filed with the Department of State on January 31, 2022 (File Date)	of Document)	·
Specify the inaccuracy, incorrect statement, or defect:		
The last name of the owner, officer, director was missspelled as	"LEBURN"	
		_
Correct the inaccuracy, incorrect statement, or defect:		
The correct last name should be "LEBRUN".		
His full name is RICHARD LEBRUN		
		
011 10		
year I	- N	
(Signature of a director, president or other offic not been selected, by an incorporator - if in the other court appointed fiduciary, by that fiducia	hands of the receiver, truste	१४६ १९, वर
(Typed or printed name of person signing)	PRE:	SIDENT (Title of person signing)
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(Title of person signing)