

# P22000069633

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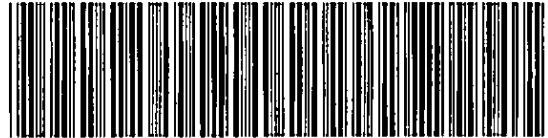
(Business Entity Name)

(Document Number)

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## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Remiyoe Inc  
Name of Corporation

DOCUMENT NUMBER: P 22 0000 69 6 33

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

Please return all correspondence concerning this matter to the following:

Wilma R. Ruere  
Name of Contact Person

P R Solutions Center LLC  
Firm/Company

1339 Riley Circle  
Address

Deland FL 32724  
City/State and Zip Code

Wilmaprsc@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Wilma R. Ruere at ( 407 ) 923-0775  
Name of Contact Person Area Code Daytime Telephone Number

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:**

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

Ramiyoel Inc / Ramiyoe Inc  
Name of Corporation as currently filed with the Florida Dept. of State

P22 0000691633  
Document Number (if known)

Pursuant to the provisions of Section 607.0124, Florida Statutes.

These articles of correction correct Name of Corporation  
(Document Type Being Corrected)

filed with the Department of State on 9/6/2022  
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

Registered Agent had a typo on the  
Corporation name.

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TALLAHASSEE FL

Correct the inaccuracy, incorrect statement, or defect:

Correct name is Ramiyoe Inc.  
NO L at the end.

[Signature]  
(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.)

Yoel Ramirez  
(Typed or printed name of person signing)

President  
(Title of person signing)

Filing Fee: \$35.00