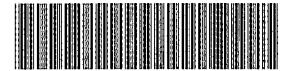
P22000072955

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(Address)			
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(Business Entity Name)			
(Document Number)			
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SECRETARY OF STA

COVER LETTER

TO: Amendment Section Division of Corporations SUBJECT: ____ Marel Hospitality,Inc. Name of Corporation DOCUMENT NUMBER: P22000072955 The enclosed Articles of Correction and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Barbara Palmer Name of Contact Person Palmer Accounting Group, PA Firm/Company 5652 Marquesas Circle Address Sarasota, FL 34233 City/State and Zip Code Mario Mazzini@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Barbara Name of Contact Person Enclosed is a check for the following amount: ☐ \$43.75 Filing Fee & Certificate of Status **☎** \$35.00 Filing Fee ☐ \$52.50 Filing Fee, Certificate of Status & ☐ \$43.75 Filing Fee & Certified Copy Certified Copy Mailing Address: Street Address: Amendment Section Amendment Section **Division of Corporations** Division of Corporations The Centre of Tallahassee P.O. Box 6327

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF CORRECTION

For

Marel Hospitality, Inc.		6 1
	Name of Corporation as currently filed with the Florida Dept. of State	380 Cm. 11
	P22000072955	
	Document Number (if known)	The same of
ursuant to the provision	ons of Section 607.0124, Florida Statutes.	ACCOUNTY OF THE STATE OF
•	tion correct Articles of Incorporation	
	(totalient type being confected)	·
iled with the Departme	ent of State on September 20, 2022 (File Date of Document)	
Specify the inaccuracy,	incorrect statement, or defect:	
The space between the (.) a	and Inc. was inadvertently omitted.	
Correct the inaccuracy,	incorrect statement, or defect:	
Marel Hospitality, Inc.		
· · · · · · · · · · · · · · · · · · ·		
		
	,	
	1/2/11/1/	
	14/12	
	(Signature of a director, president or other officer 1 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.)	
	1446	y
	11/1/1/1/1 Dom	, dent
(Type) or print	ed name of betson signing) (Title	e of person signing)

Filing Fee: \$35.00