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COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: STABLE ENTREPENEUR, CO	ORP.
DOCUMENT NUMBER: P2200008607	·
The enclosed Articles of Correction and fe	ee are submitted for filing.
Please return all correspondence concernit	ng this matter to the following:
MAYKEL STABLE	
Name of Contact Person	
STABLE ENTREPENEUR, CORP.	
Firm/Company	
11322 MIRAMAR PKWY # 1173	
Address	
MIRAMAR, FL 33025	
City/State and Zip Code	
SALES@STABLEACCOUNTS.NET	
E-mail address: (to be used for future annual re	port notification)
For further information concerning this ma	atter, please call:
MARIELA STABLE	786 709-3473 at ()
Name of Contact Person	Area Code Daytime Telephone Number
Enclosed is a check for the following amount	unt:
■ \$35.00 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status
□ \$43.75 Filing Fee & Certified Copy	☐ S52.50 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

 $\begin{array}{c} 1 \\ 1 \\ 2 \end{array}$

STABLE ENTREPENEUR,	ORP.	2023 JAH 23	AH11: 18
Name of Corpe	ration as currently filed with the Florida Dept. of St	ile	_
P22000086	071	Pall	i i il
	Document Number (if known)		
Pursuant to the provisions of Section	607.0124, Florida Statutes.		
These articles of correction correct	ARTICLES OF INCORPORATION		
_	(Document Type Being C	orrected)	
filed with the Department of State on	(File Date of Document)	 ·	
Specify the inaccuracy, incorrect state	ement, or defect:		
THE NAME OF THE COMPANY WAS	,		
		· ·	
• • • • • • • • • • • • • • • • • • • •	- · · · · · · · · · · · · · · · · · · ·	<u></u>	
Correct the inaccuracy, incorrect state			
THE CORRECT NAME OF THE COM	PANY IS	,	
STABLE ENTREPRENEUR, CORP.			
			
		 	_
		<u> </u>	
	Jacelet.		
(Signature of a dire not been selected, other court appoin	ctor president another afficer if directors or officer by a partitional or if in the hands of the receiver, tr tell fiduciary, by that fiduciary)	s have ustee, or	
MARIELA STABLE	\	/P	
Clyped or numed name of person sis	21110)	(Title of person signing)	_ _

Filing Fee: \$35.00