

P2300086691

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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07/03/24

May 21, 2024

Florida Department of State/Division of Corporations
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

RE: RIE GAIN INC
Document Number: P23000086691

Dear Amendment Section Department:

Please find the following information per your letter to correct the multiple inaccuracies in setting up my Sun Biz account:

President: Marie E. Wingo

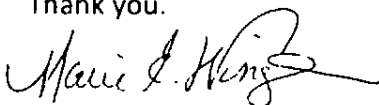
Phone Nu: (407) 760-0660

Address: 14046 County Road 450
Umatilla, Florida 32784-7642

I have attached the completed Cover Letter, Articles of Correction, a copy of the original application with the inaccuracies, including my CPA's fax confirmation page and included Check #7762 for \$52.50 for these services.

Should you have any questions, please feel free to contact me at the above listed phone number to discuss.

Thank you.



Marie E. Wingo
President
RIE GAIN INC

Att: Cover Letter – (1)
Articles of Correction – (6)
Copy of Original Application w/ hi-lighted inaccuracies – (5)
Check for Services – (1)

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: RIEGAIN INC
Name of Corporation

DOCUMENT NUMBER: P23000086691

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

Please return all correspondence concerning this matter to the following:

Marie E. Wingo
Name of Contact Person

RIE GAIN Inc
Firm/Company

14046 County Road 450
Address

UMATILLA, FLORIDA 32784
City/State and Zip Code

RIEROCKS7@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marie E. Wingo at (407) 760-0660
Name of Contact Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | |
|--|--|
| <input type="checkbox"/> \$35.00 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status |
| <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy | <input checked="" type="checkbox"/> \$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

RIE GAIN INC.

Name of Corporation as currently filed with the Florida Dept. of State

P23000086691

Document Number (if known)

Pursuant to the provisions of Section 607.0124, Florida Statutes.

These articles of correction correct FLORIDA PROFIT Filing

(Document Type Being Corrected)

filed with the Department of State on 12-13-2023

(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

Principal Place of Business:

Zip code & Country: Un

Correct the inaccuracy, incorrect statement, or defect:

Principal Place of Business:

Zip code & Country: US

Marie E. Wingo

(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.)

MARIE E. WINGO

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35.00

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MAILING ADDRESS:

Zip CODE & Country: Un

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Zip CODE & Country: US

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MARIE E. WINGO

(Typed or printed name of person signing)

President

(Title of person signing)

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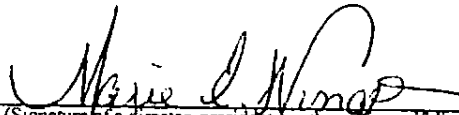
INCORPORATOR Name And Address

NAME: MARIE WINGO

Correct the inaccuracy, incorrect statement, or defect:

INCORPORATOR Name And Address

NAME: MARIE E. WINGO



(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.)

MARIE E. WINGO

(Typed or printed name of person signing)

President

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Specify the inaccuracy, incorrect statement, or defect:

CORRESPONDENCE NAME AND E-MAIL ADDRESS

NAME: MARIE WINGO

Re-enter Email Address: MBIEROCKS72@gmail.com

Correct the inaccuracy, incorrect statement, or defect:

CORRESPONDENCE NAME AND E-MAIL ADDRESS

NAME: MARIE E. WINGO

Re-enter Email Address: RIEROCKS7@gmail.com

Marie E. Wingo

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(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

OFFICER/DIRECTOR NAME And Address (Title P,T)

NAME : WINGO MARIE E.

Zip Code : Country : Un

Correct the inaccuracy, incorrect statement, or defect:

OFFICER/DIRECTOR NAME And Address (Title P,T)

NAME : WINGO MARIE E.

Zip code : Country : US

Marie E. Wingo

(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.)

MARIE E. WINGO

(Typed or printed name of person signing)

President

(Title of person signing)

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(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

OFFICER/DIRECTOR NAME AND ADDRESS (Title S)

NAME: WINGO Calvin

zip code & Country: Un

Correct the inaccuracy, incorrect statement, or defect:

OFFICER/DIRECTOR NAME AND ADDRESS (Title S)

NAME: WINGO CALVIN

zip code & Country: US

Marie E. Wingo

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MARIE E. WINGO

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35.00