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CORPORATE ACCESS, ____

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236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666, Fax (850) 222-1666

WALK IN

PICK UP: **BROOK 1/24** CERTIFIED COPY XX**PHOTOCOPY** GS XXFILING ARTICLES FO CORRECTION 1. SHEPHERD HOME SOLUTIONS, INC. (CORPORATE NAME AND DOCUMENT #) 2. (CORPORATE NAME AND DOCUMENT #) 3. (CORPORATE NAME AND DOCUMENT #) 4. (CORPORATE NAME AND DOCUMENT #) 5. (CORPORATE NAME AND DOCUMENT #) (CORPORATE NAME AND DOCUMENT #) SPECIAL **INSTRUCTIONS:**

COVER LETTER

TO: Amendment Section Division of Corporations Shepherd Home Solutions, Inc. **SUBJECT:** Name of Corporation DOCUMENT NUMBER: P24000004809 The enclosed Articles of Correction and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Laura Moyer Name of Contact Person Firm/Company 1684 S Broad St Suite 130 Address Lansdale PA 19446 City/State and Zip Code Imoyer@benetrends.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Laura Moyer Name of Contact Person 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 -ILED

For

2024 JAN 24 AM 8: 50

| Shepherd Home Solutions, Inc. | MA DHILE |
|---|--|
| Shepherd Home Solutions, Inc. Name of Corporation as currently filed with the Florida | Dept. of State |
| P24000004809 | |
| Document Number (if known) | |
| | |
| Pursuant to the provisions of Section 607.0124, Florida Statutes. | |
| These articles of correction correct Articles of Incorporation | pe Being Corrected) |
| | |
| filed with the Department of State on January 16, 2024 (File Date of Document) | nt) |
| Specify the inaccuracy, incorrect statement, or defect: Article VII | |
| Last name is spelled incorrectly -Amanda Shephard | |
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| Correct the inaccuracy, incorrect statement, or defect: Amanda Shepherd | |
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| (Signature of a director, president or other efficer—if director not been selected, by an incorporator—if in the hands of the cother court appointed fiduciary, by that fiduciary.) | s or officers have eceiver, Inustee, or |
| Amanda Shepherd | President |
| (Typed or printed name of person signing) | (Title of person signing) |

Filing Fee: \$35.00