

P240000005609

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

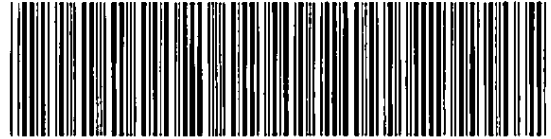
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02/08/24--01020--006 **35.00

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02/08/24



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

A domestic or foreign corporation may correct a document filed by the Department of State within 30 days after filing if the document contains, an inaccuracy, an incorrect statement, was defectively executed, attested, sealed, verified or acknowledged, or the electronic transmission was defective.

Pursuant to Section 617.0124, Florida Statutes, a document is corrected by preparing **Articles of Correction** that:

Describe the document, including its file date.

Specify the inaccuracy, incorrect statement, or defect.

Correct the inaccuracy, incorrect statement, or defect.

A form for **Articles of Correction** is attached. Additional sheets can be included if necessary. Pursuant to Section 617.01201, Florida Statutes, the document must be typewritten or printed and must be legible.

Filing Fee	\$35.00 (Includes a letter of acknowledgment)
Certified Copy (Optional)	\$ 8.75
Certificate of Status (Optional)	\$ 8.75

Send one check in the total amount made payable to the Florida Department of State.

Please include a letter containing your telephone number, return address and certification requirements, or complete the attached cover letter.

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

For further information, you may contact the Amendment Section at (850) 245-6050.

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ALKOUBEY CAPITAL INC.
Name of Corporation

DOCUMENT NUMBER: P24000005009

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

Please return all correspondence concerning this matter to the following:

STEVEN REISKIND

Name of Contact Person

INFELD BARR REISKIND CPA'S LLC

Firm/Company

5011 S. SR7, SUITE 107

Address

DAVIE, FL 33314

City/State and Zip Code

STEVEN@INFELDBARRCPA.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

STEVEN REISKIND

Name of Contact Person

at (954) 616-1389

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

RECEIVED
TALLAHASSEE, FL
JAN 13 2009
PM 11:09

ARTICLES OF CORRECTION

For

ALKOUBBEY CAPITAL INC.

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

P24000005009

Document Number (if known)

Pursuant to the provisions of Section 617.0124, Florida Statutes, this corporation files these Articles of Correction within 30 days of the file date of the document being corrected.

These articles of correction correct FLORIDA PROFIT CORPORATION

(Document Type Being Corrected)

filed with the Department of State on 1-17-2024

(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

MISSPELLED NAME BY INCORRECTLY ADDING AN ADDITIONAL LETTER B :

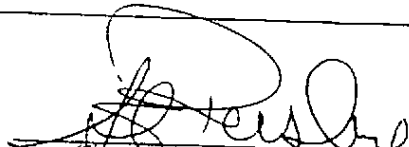
ALKOUBBEY CAPITAL INC. (INCORRECT SPELLING)

Correct the inaccuracy, incorrect statement, or defect:

CORRECT SPELLING IS: ALKOUBEY CAPITAL INC.

FILED
STATE
MISSISSIPPI

3-8 PM 4:09



(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.)

STEVEN REISKIND

(Typed or printed name of person signing)

CPA

(Title of person signing)

Filing Fee: \$35.00