

P24 00000 8799

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

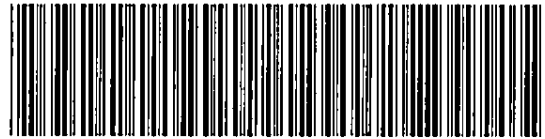
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700425584897

12/24--01027--015 \*\*35.00

FILED  
MAR 6 6:56  
2024  
CLERK OF COURT  
STATE OF FLORIDA

CLERK

R. HUNT

03/10/24



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.

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

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:** Temple Builders Construction Inc

Name of Corporation

**DOCUMENT NUMBER:** P24000008799

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

Please return all correspondence concerning this matter to the following:

Chyle Helm

Name of Contact Person

Temple Builders Consultants

Firm/Company

2421 SE University Terrace

Address

Port Saint Lucie Florida 34952

City/State and Zip Code

Chylehelm@gmail.com

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

For further information concerning this matter, please call:

Chyle Helm

at ( 702 )

809-8716

Name of Contact Person

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

## ARTICLES OF CORRECTION

For

Temple Builders Construction

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

P24000008799

\_\_\_\_\_  
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 the corporate name \_\_\_\_\_,  
(Document Type Being Corrected)

filed with the Department of State on 1/31/2024  
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

The name is incorrect and should be changed from Temple Builders Construction Inc. to Temple Builders Consultants

\_\_\_\_\_  
Temple Builders Consultants Inc.

Correct the inaccuracy, incorrect statement, or defect:

Temple Builders Consultants Inc.

\_\_\_\_\_  
*Chyle Helm*

(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.)

Chyle Helm

\_\_\_\_\_  
(Typed or printed name of person signing)

Chief Operations Officer

\_\_\_\_\_  
(Title of person signing)

**Filing Fee: \$35.00**