

P 24 0000 29193

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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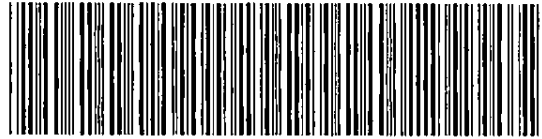
(Business Entity Name)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DOUBLE J3 HOLDINGS INC
Name of Corporation

DOCUMENT NUMBER: P24000029193

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

Please return all correspondence concerning this matter to the following:

JOHN STINSON

Name of Contact Person

DOUBLE J3 HOLDINGS INC

Firm/Company

14154 71ST PLACE NORTH

Address

LOXAHATCHIEE, FL 33470

City/State and Zip Code

JOHN@AMSPALMBEACH.COM

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

For further information concerning this matter, please call:

JOHN STINSON

Name of Contact Person

at (

561

Area Code

282-7875

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

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee

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TALLAHASSEE, FL
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ARTICLES OF CORRECTION

For

DOUBLE J3 HOLDINGS INC

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

P24000029193

Document Number (if known)

Pursuant to the provisions of Section 607.0124, Florida Statutes.

These articles of correction correct DOUBLE J3 HOLDINGS INC

(Document Type Being Corrected)

filed with the Department of State on 04/23/2024

(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

THE ENTITY NAME WAS MISPELLED. PLEASE CORRECT CHANGE IT TO: DOUBLE J3 HOLDINGS INC.

Correct the inaccuracy, incorrect statement, or defect:

DOUBLE J3 HOLDINGS INC

JOHN STINSON

(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.)

JOHN STINSON

(Typed or printed name of person signing)

P

(Title of person signing)

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TALLAHASSEE, FL
STATE OF FLORIDA
TAX & REVENUE