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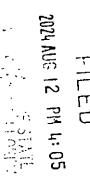
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COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: BW Election ics x DOCUMENT NUMBER: 75543	A - A
The enclosed Articles of Correction and fe	
Please return all correspondence concerning	ng this matter to the following:
Beitha Wilson Name of Contact Person	·
Firm/Company	.
2919 orange Center bivi)
Or lando fl 3280 City/State and Zip Code	<u>x</u> 5
Bertug wilson 55500 a	Mair LOA
For further information concerning this ma	
Bertha Wilson Name of Contact Person	at (\(\frac{964}{\text{Area Code}}\)) \(\frac{200}{\text{Daytime Telephone Number}}\)
Enclosed is a check for the following amo	unt:
\$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, F1, 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

BW Electronics and More inc.

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

7004322942978.20 P24000043530 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 Fig. (Ja. Profit Corrected) (Document Type Being Corrected)
These articles of correction correct Harda Profet Corporation (Document Type Being Corrected) filed with the Department of State on 16/27/2024 (File Date of Document) Specify the inaccuracy, incorrect statement, or defect: Office Director States "None" I Forgot to Other Mil Manne at the Deficer Director Mc Racthology
Specify the inaccuracy, incorrect statement, or defect:
put my Name as the Officer Director. Ms. Bertha
por my towne as to owner, proceed, hisotorina
Wilson,
Correct the inaccuracy, incorrect statement, or defect:
,
(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 coun appointed fiduciary, by that fiduciary.)
Beith a will be M5 (Typed or printed name of person signing) (Title of person signing)

Filing Fee: \$35.00