P24000051336

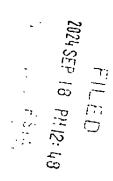
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COVER LETTER

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TO: Amendment Section Division of Corporations	
SUBJECT: Julianne	Playee PA
DOCUMENT NUMBER: P240	0000 51336
The enclosed Articles of Correction and fe	ee are submitted for filing.
Please return all correspondence concerning	ng this matter to the following:
Julianne Peovee Name of Contact Person	
Julianne Peorce	PA
7062 Washnove	Terrace
Lakewood Rench F City/State and Zip Code	L 34202
Final address (to be used for future annual re	grail com
For further information concerning this ma	atter, please call:
Name of Contact Person	at (353) 877 - Clo7 Area Code 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, 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	1511	<i>-</i>
Name of Corporation as currently filed with the Florida Dept. of State	1711_ 2024 SEP 18	=0 PM12. E.
P2400051336 Document Number (if known)	: · ·	College (1997)
Pursuant to the provisions of Section 607.0124, Florida Statutes.		
These articles of correction correct Articles 6 t Incorrected (Document Type Being Corrected)	poration	
filed with the Department of State on August 7, 2024. (File Date of Document)		
Specify the inaccuracy, incorrect statement, or defect:		
Article VII Title: DIR		
Title DIK		<u> </u>
	· -	
Correct the inaccuracy, incorrect statement, or defect:		
Article VII		
Title: President		_
		
		_
(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.)		
	side.t	

Filing Fee: \$35.00

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Julianne	Playee PA
DOCUMENT NUMBER: P240	000051336
The enclosed Articles of Correction and fe	ee are submitted for filing.
Please return all correspondence concernir	ng this matter to the following:
Julianne Pearce Name of Contact Person	
Julianne Peorce	PA
7062 Woodmore	Terrace
Le kewood Rench F City/State and Zip Code	-L 34202
Emphil address (to be used for future annual re	grail.com
For further information concerning this ma	atter, please call:
Name of Contact Person	at (303) 877 - 0107 Area Code Daytime Telephone Number
Enclosed is a check for the following amor	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, 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 Eller
Name of Corporation as currently filed with the Florida Dept. of State Name of Corporation as currently filed with the Florida Dept. of State
Name of Corporation as currently filed with the Florida Dept. of State
Name of Corporation as currently filed with the Florida Dept. of State P24000051336 Document Number (if known)
Pursuant to the provisions of Section 607.0124, Florida Statutes.
These articles of correction correct Articles of Incorporation (Document Type Being Corrected)
filed with the Department of State on $\frac{A_{V_1 \cup S} + 7, 2024}{\text{(File Date of Document)}}$
Specify the inaccuracy, incorrect statement, or defect:
Article VII
Title: DIR
Correct the inaccuracy, incorrect statement, or defect:
Article VII
Title: President
- Common Lore
(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.)
(Typed or printed name of person signing) (Title of person signing) (Title of person signing)
(Types or printed name of person signing) (Title of person signing)

Filing Fee: \$35.00