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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LOG-2324

Thomas JAN 23 2008



## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: JLAMB CONSUMER CONTACT LLC  
(Name of Limited Liability Company)

Dear Sir or Madam:

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

Please return all correspondence concerning this matter to the following:

JENNIFER LAMB  
(Name of Person)

JLAMB CONSUMER CONTACT LLC  
(Firm/Company)

9232 DAWELOWER DR  
(Address)

TAMPA, FL 33647  
(City/State and Zip Code)

For further information concerning this matter, please call:

JENNIFER LAMB at ( 813 ) 412-3238  
(Name of Person) (Area Code & Daytime Telephone Number)

### STREET/COURIER ADDRESS:

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

### MAILING ADDRESS:

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- ☒ \$25 Filing Fee      ☐ \$30 Filing Fee & Certificate of Status      ☐ \$55 Filing Fee & Certified Copy      ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

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**ARTICLES OF CORRECTION  
FOR  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 608.4115, F.S., this document is being submitted within the required 30 business days to correct the attached articles of organization or application to transact business in Florida.

**FIRST:** The name of the limited liability company is: JLAMB CONSUMER CONTACT  
LLC

**SECOND:** The articles of organization or the application to transact business

**(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)**



Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

INCORRECT - JLAMB CONSUMER CONTACT  
CORRECT - JLAMB CUSTOMER CONTACT  
LLC

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**OR**



Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

Dated: 1/11/08

JENNIFER LAMB  
Signature of a member or authorized representative of a member

JENNIFER LAMB  
Typed or printed name of signee

Filing Fee: \$25.00  
Certified Copy: \$30.00 (optional)



**Electronic Articles of Organization  
For  
Florida Limited Liability Company**

L08000002324  
FILED 8:00 AM  
January 08, 2008  
Sec. Of State  
Isellers

**Article I**

The name of the Limited Liability Company is:  
JLAMB CONSUMER CONTACT LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:  
9232 DAYFLOWER DRIVE  
TAMPA, FL. 33647

The mailing address of the Limited Liability Company is:  
9232 DAYFLOWER DRIVE  
TAMPA, FL. 33647

**Article III**

The purpose for which this Limited Liability Company is organized is:  
THIS COMPANY WILL PROVIDE CUSTOMER SERVICE VIA EMAILS AND  
PHONE CALLS FROM CONTRACT WORK OBTAINED THROUGH THE ARISE  
CORPORATION.

**Article IV**

The name and Florida street address of the registered agent is:  
JENNIFER L LAMB  
9232 DAYFLOWER DRIVE  
TAMPA, FL. 33647

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: JENNIFER LAMB

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### Article V

- The name and address of managing members/managers are:

Title: MGR  
JENNIFER L LAMB  
9232 DAYFLOWER DRIVE  
TAMPA, FL. 33647

Title: MGR  
JACK D LAMB  
9232 DAYFLOWER DRIVE  
TAMPA, FL. 33647

### Article VI

The effective date for this Limited Liability Company shall be:

01/08/2008

Signature of member or an authorized representative of a member

Signature: JENNIFER LAMB

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January 08, 2008  
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