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## **COVER LETTER**

TO: Registration Section Division of Corpor	ations				
SUBJECT: JS 370	)4 LLC Name of	Limited Liability Cor	mpany		
Dear Sir or Madam:					
The enclosed Articles of Co	rrection and fee(s) ar	e submitted for filing.			
Please return all correspond	ence concerning this	matter to the following	g:		
Mimi Bared					
1	Name of Person		-		
Bared & Ass	oc., PA				
F	irm/Company		_		
2950 SW 27	th Ave. #1	100	_	Ĕœ	201
	Address		_	<u> </u>	305
Miami, FL. 3	3133				11 130 810
City/	State and Zip Code		-	Min.	
mimi@bared	llaw.com				
E-mail address: (to be		al report notification)	_		 ယ ခော
For further information con	cerning this matter, p	lease call:			
Mimi Bared		<sub>at (</sub> 305	666-6010		
Name of P	erson		de & Daytime Telephone Num	ber	•
STREET/COURIER ADI Registration Section Division of Corporations Clifton Building 2661 Executive Center Circ Tallahassee, Florida 32301			MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed is a check for the	e following amount:				
	30 Filing Fee & Certificate of Status	□ \$55 Filing Fee & Certified Copy	□ \$60 Filing Fee, Certificate of Status & Certified Copy	;	

CR2E062 (4/13)

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

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

FIRST JS 370	The name of the limited liability company is:		
SECO!	<del></del>	TATEN	AFNT.
<b>√</b>	Contains an incorrect statement. The incorrect statement, the reason the statement, and the corrected statement are as follows:  Name of LLC should be JS 3703 LLC.		
		90 / A	30 6182
	<u>OR</u>	TRUE COMM ENGLISH	+
	Was defectively signed. The manner in which the document was defective the appropriate correction are as follows:	ly, sign	ed_and
		÷	<del></del>
Dated:	October 11, 2013		
	Signature of a member or authorized representative of a member	-	
	Pablo R. Bared, Bsq.	_	
	Typed or printed name of signee		
	Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)		