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H. Toni Cruz						
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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 <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	-	The name of the li	•	company is:			
Jane	Mauric	e Rendezvous LI	LU	(L040000 55)	305)		
<u>SECO</u>	ND:	The articles of orga	anization or the	application to transact	business		
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V		Contains an incorrect statement. The incorrect statement, the reason the statement is ncorrect, and the corrected statement are as follows:					
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	name	s should read as	follows: (1) N	MGRM Roma J Leon	AKA Jane Cru	P	
	(2) M	GRM Antonio M L	eon AKA Ra	y Kandy		AUG-6	
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		rectively signed. I		which the document was	defectively signed		
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Dated:	July :	27		2004			
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	-	Signature of a me	mber or author	ized representative of a	member		
		Signature of a member or authorized representative of a member Hilda Toni Cruz, Registered Agent H. Toni Cruz, CPA					
	Typed or printed name of signee						
			-	_			
			Filing Fee: Certified Conv	\$25.00 /- \$30.00 (ontions	n		

Electronic Articles of Organization For Florida Limited Liability Company

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Article I

The name of the Limited Liability Company is: JANE MAURICE RENDEZVOUS LLC

Article II

The street address of the principal office of the Limited Liability Company is: 919 WINSTONIAN WAY STREET JACKSONVILLE, FL. 322201

The mailing address of the Limited Liability Company is:

919 WINSTONIAN WAY STREET JACKSONVILLE, FL. 322201

Article III

The purpose for which this Limited Liability Company is organized is: ANY AND ALL LAWFUL BUSINESS.

Article IV

The name and Florida street address of the registered agent is:

H. TONI CRUZ, CPA 3111 W. DR. M.L. KING, JR., BLVD. STE 100 MB K-17 TAMPA, FL. 33607

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: HILDA TONI CRUZ

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Article V

The name and address of managing members/managers are:

Title: MGR ROMA J LEON 919 WINSTONIAN WAY STREET JACKSONVILLE, FL. 32221

Title: MGR ANTONIO M LEON 919 WINSTONIAN WAY STREET JACKSONVILLE, FL. 32221

Article VI

The effective date for this Limited Liability Company shall be: 07/26/2004

Signature of member or an authorized representative of a member Signature: HILDA TONI CRUZ, CPA

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