

LD80000030211

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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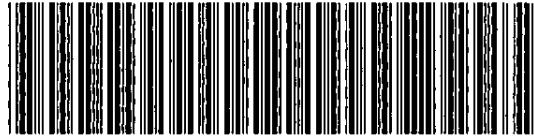
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

08 APR -9 PM12:12

FILED

N. Collins APR 10 2008

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JONKIV 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:

JUAN-CARLOS SANDINO
(Name of Person)

LA PROTECTORA INC.
(Firm/Company)

1507 N State Road 7 Suite G
(Address)

MARGATE, FL 33063
(City/State and Zip Code)

For further information concerning this matter, please call:

JUAN-CARLOS SANDINO at (754) 234 6919
(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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08 APR -9 PM 12:12

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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:

JONKIV 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 NAME. JONKIV LLC,

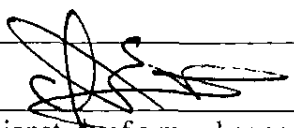
NAME IS INCOMPLETE. IT SHOULD READ:

JONKIV TOWING, LLC.

OR

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

Dated: _____



Signature of a member or authorized representative of a member

Omar Vallecino

Typed or printed name of signee

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

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

L08000030211
FILED 8:00 AM
March 25, 2008
Sec. Of State
gharvey

Article I

The name of the Limited Liability Company is:
JONKIV, LLC

Article II

The street address of the principal office of the Limited Liability Company is:
18161 NW 16TH STREET
PEMBROKE PINES, FL. 33029

The mailing address of the Limited Liability Company is:
18161 NW 16TH STREET
PEMBROKE PINES, FL. 33029

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:
OMAR E VALLECILLO
18161 NW 16TH STREET
PEMBROKE PINES, FL. 33029

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: OMAR VALLECILLO

Article V

The name and address of managing members/managers are:

Title: MGRM
OMAR E VALLECILLO
18161 NW 16TH STREET
PEMBROKE PINES, FL. 33029 US

Signature of member or an authorized representative of a member

Signature: OMAR VALLECILLO

L08000030211
FILED 8:00 AM
March 25, 2008
Sec. Of State
gharvey