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COVER LETTER

TO: Registration Division o	on Section f Corporations		e e
JCN SUBJECT:	1 1, LLC		
, , , , , , , , , , , , , , , , , , ,		Name of Limited Liab	ility Company
Dear Sir or Madam	:		
The enclosed States	ment of Correction and fee(s)	are submitted for filing	g
Please return all co	rrespondence concerning this	matter to the following	g:
Peter Monroe			
	Name of Person		-
Suar grade			
	Firm/Company		_
1810 Pine Hill	Drive		
	Address		-
Safety Harbor	, FL 34695		
	City/State and Zip Code		_
pmonroe@nre	ev.com		
E-mail addres	ss: (to be used for future annu	al report notification)	-
For further informa	tion concerning this matter, p	olease call:	·
Peter Monroe		727	643-6303
Ŋ	lame of Person	Area Code	Daytime Telephone Number
STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Ce Tallahassee, Florid	n ations nter Circle		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a chec	k 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
CR2E062 (2/14)			

STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document. The name of the limited liability company is:______ JCM 1, LLC FIRST: SECOND: Document to be corrected is: THIRD: 2014 Limited Liability Company Annual Report (CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT **V** Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows: Incorrect: MGRM: Monroe, Peter; 1810 Pine Hill Drive, Safety Harbor, FL 34695 Reason: Wilherst Company, LLC is the Managing Member. Peter Monroe is not. Correct: MGRM: Wilherst Company, LLC; 1810 Pine Hill Drive., Safety Harbor, FL 34645 <u>OR</u> Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows: OR The electronic transmission of the record was defective. Signature of Authorized Representative

Filing Fee: Certified Copy:

\$25.00

\$30.00 (optional)