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TO:

CR2E062 (08/05)

Division of Corporations J & E MULTISERVISES LLC SUBJECT: 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: JOSE PAZ Name of Person J & E MULTISERVISES LLC Firm/Company 8416 BERNWOOD COVE LOOP Address FORT MYERS, FL 33966 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 278-5294 JOSE PAZ Area Code & Daytime Telephone Number Name of Person STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 Enclosed is a check for the following amount: \$30 Filing Fee & \$55 Filing Fee & \$60 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy

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 limited liability company is: J & E MULTISERVISES LLC	
SECO:	ND: The articles of organization or the application to transact business NECK 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:	-
	TAR MARKET MARKE	_
	Secretary PH	
	OR OR	— {
√	Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows: THE NAME USED ON THE ORIGINAL APLICATION FOR OWNER AND	Ŀ
	MANAGAR IS PEREZ, JOSE PLEASE CORRECT IT TO BE PAZ JOSE	
	IN BOTH REGISTER AGENT AND MANAGER. THANKS	
D . 1	MARCH 15	_
Dated:	Dose Vaz	
	Signature of a member or authorized representative of a member	
	Typed or printed name of signee Filing Fee: \$25.00	
	Certified Copy: \$30.00 (optional)	