## 111000127862

(Re	equestor's Name)				
(Ac	ddress)				
(Ac	ldress)				
(City/State/Zip/Phone #)					
PICK-UP	WAIT	MAIL			
(Bu	isiness Entity Nan	ne)			
(Document Number)					
Certified Copies	_ Certificates	of Status			
Special Instructions to Filing Officer:					

Office Use Only



400214082384

400214082384 11/15/11--01021--001 \*\*25.00

SECRETARY OF STATE

ON INOVINE AND SERVICE AND SER

J. SAULSBERRY EXAMINER NOV 1 7 2011

## **COVER LETTER**

Division o	on Section of Corporations				
SUBJECT:	MJP2, LLC				
	Name of Limited Liability Co	ompany			
Dear Sir or Madam	:				
The enclosed Artic	les of Correction and fee(s) are submitted for filing				
Please return all co	rrespondence concerning this matter to the following	ng:			
MI	CHAEL C. WIGELSWORTH				
	Name of Person	<del>-</del>			
	Firm/Company	_			
	5716 SE ABSHIER BLVD.	_	7	~	
	Address		ALL'A SCOR	2011 NOV 16	
	BELLEVIEW FL 34420		FI	¥	gra. 1644
E-mail addres	City/State and Zip Code ss: (to be used for future annual report notification)	_	RY OF STATE SSEEL FLORIDA	6 AM 8: 18	
For further informa	tion concerning this matter, please call:		<i>-</i>		
	AEL E. DEAN, PA at ( 352 Area C	) 387-8700 ode & Daytime Telephone Number	er		
STREET/COURI Registration Section Division of Corpora Clifton Building 2661 Executive Cer Tallahassee, Florida	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 & \$55 Filing Fee & Certificate of Status Certified Copy	\$60 Filing Fee, Certificate of Status & Certified Copy			
CR2E062 (08/05)					

## 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:  MJP2, LLC						
<u>SECO</u>	ND: The articles of organization or the application to transact business						
<u>(CH</u>	IECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE ST	`ATEME	<u>NT</u>				
<b>√</b>	Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:  THE SPELLING OF THE NAME OF THE MANAGING MEMBER WAS						
	INCORRECTLY SPELLED. THE NAME OF THE MANAGING MEM	BER IS					
	MICHAEL C. WIGELSWORTH						
	<u>OR</u>						
<b>V</b>	Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:  PROPER SPELLING OF THE NAME OF THE MANAGING MEMBER /						
	AUTHORIZED REPRESENTATIVE FOR ELECTRONIC SIGNATUR	E IS:					
	MICHAEL C. WIGELSWORTH						
		TAL SE	201				
Dated:	NOVEMBER 15 , 2011 .	AHASSEL.	WY SI AON	endiger,			
	Signature of a member of authorized representative of a member	FL OR	ö ⊒x	,			
	MICHAEL E. DEAN, ESQ	9	8				
	Typed or printed name of signee						
	Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)						