112000084501

(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nam	e)
· (Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



500236778395

12 JUN 29 PM 2: 23
SECRETARY OF STATE
SECRETARY OF STATE

12 JUN 29 AM 4: 51
SECKLIARY OF STATE

B. BOSTICK

JUL - 3 2012

EXAMINER

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

06-29-2012

NAME:

J.E.M. PARTNERS LLC

TYPE OF FILING: ARTICLES OF CORRECTION

COST:

\$55

RETURN: CERTIFIED COPY

ACCOUNT: FCA00000015

AUTHORIZATION:

COVER LETTER

TO: Registration Division o	on Section f Corporations				
SUBJECT:	J.E.M. Partners I	_LC			
	Name of Limited Liability Co	mpany			
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 followin	g:			
	Patricia Elena Bartoli	_			
	Name of Person	_			
	J.E.M. Partners LLC Firm/Company	_			
	55 Spring Brook Road	_	SECA TALLA	12 JI	
	Morristown, NJ 07960	_	HASSE	12 JUN 29	
	City/State and Zip Code		THOUGH THE	AM L:	
E-mail addres	patty.bartoli@gmail.com ss: (to be used for future annual report notification)	-	LORIDA	1:51	**************************************
For further informa	ntion concerning this matter, please call:				
	Robert Willson at (312 Area Co) 861-6585 ode & Daytime Telephone Number			
STREET/COURI Registration Section Division of Corporn Clifton Building 2661 Executive Ce Tallahassee, Florid	n ations enter 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	S30 Filing Fee & Certificate of Status S55 Filing Fee & 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: J.E.M. Partners LLC	L1200084501
SECO		
<u>(CH</u>	<u>ECK THE APPROPRIATE BOX AND COMPLETE THE APPLICAB</u>	<u>LE STATEMENT</u>
	Contains an incorrect statement. The incorrect statement, the reason the incorrect, and the corrected statement are as follows: A. In Article II, the mailing address was incorrectly identified	ne statement is
	The corrected statement is set forth on Exhibit A attached.	
	B. In Article IV, the name and address of the manager was inco	rrectly identified.
	D. III Altido IV, the halle and address of the manager was mos	Troony laorismoa.
	The corrected statement is set forth on Exhibit A attached.	
	<u>OR</u>	
	Was defectively signed. The manner in which the document was defe the appropriate correction are as follows:	ctively signed and
		AF E T
		29 29 88
Dated:	June 28	+: 51 TATE ORIDA
	Signature of a member or authorized representative of a men	nber
	Patriela Elena Bartoli	
	Typed or printed name of signee	
	Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)	

Exhibit A

To

Articles of Correction

Of

J.E.M. Partners LLC

The mailing address and street address of the pri Company is:	ncipal office of the Limited Liability	,	
Principal Office Address:	Mailing Address:		
418 Savoie Drive	55 Spring Brook Road	•	
Palm Beach Gardens, FL 33410	Morristown, NJ 07960	•	
ARTICLE IV – Manager(s) or Managing Member(s):		
The name and address of each Manager or Managin	ng Member is as follows: $\sum_{i=1}^{\infty} g_i$	12	
Title:	Name and Address:	12 JUN 29	4-44 pt 15
"MGR" = Manager "MGRM" = Managing Member	SEE FLORID	29 AM 4:5	
MGR	Patricia Elena Bartoli	-	
	55 Spring Brook Road	-	

Morristown, NJ 07960

ARTICLE II - Address:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE	I - Name:	
---------	-----------	--

The name of the Limited Liability Company is:

J.E.M. Partners LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

418 Savoie Drive

Palm Beach Gardens, FL 33410

418 Savole Drive

Palm Beach Gardens, FL 33410

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

National Corporate Research, Ltd., Inc.

Name

155 Office Plaza Drive

Florida street address (P.O. Box NOT acceptable)

Tallahassee

FL 32301 City, State, and Zip

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 as provided for in Chapter 608, F.S.

Methons Muchy, POJNCR_Registered Seent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Patricia Elena Bartoli
	418 Savole Drive
	Palm Beach Gardens, FL 33410
	
(Use attachment if necessary) ICLE V: Effective data, if other than th	to date of filing; (OPTIONAL)
TCLE V: Effective date, if other than the affective date is listed, the date must	te date of filing:, (OPTIONAL) be specific and cannot be more than five business days ;
TCLE V: Effective date, if other than the affective date is listed, the date must	te date of filing:, (OPIIONAL) be specific and cannot be more than five business days y
TCLE V: Effective date, if other than the effective date is listed, the date must 90 days after the date of filing.)	pe specific and cannot do more than five distincts dishability
TCLE V: Effective date, if other than the effective date is listed, the date must be 90 days after the date of filing.) REQUIRED SIGNATURE:	pe specific and cannot do more than five distincts dishability
TICLE V: Effective date, if other than the effective date is listed, the date must 190 days after the date of filing.) REQUIRED SIGNATURE: Signature of a main (in accordance with section of constitutes an affirmation must have a part that any false inference of the constitutes are affirmation must have a part of the constitutes are affirmation must have a part of the constitutes are affirmation.	ber or anglithorized representative of a member, US.408(3), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true. Terretion submitted in a document to the Department of State
TICLE V: Effective date, if other than the effective date is listed, the date must 190 days after the date of filing.) REQUIRED SIGNATURE: Signature of a main (in accordance with section of constitutes an affirmation must have a part that any false inference of the constitutes are affirmation must have a part of the constitutes are affirmation must have a part of the constitutes are affirmation.	ber grangitherized representative of a member, US.408(3), Florida Statutes, the execution of this document der the penaltics of perjury that the facts stated herein are true, compation submitted in a document to the Department of State poor as provided for in s.817.155, F.S.)
TICLE V: Effective date, if other than the effective date is listed, the date must 190 days after the date of filing.) REQUIRED SIGNATURE: Signature of a memical constitutes an efficient day false infections at the constitutes a third degree feloment.	ber grangitherized representative of a member, US.408(3), Florida Statutes, the execution of this document der the penaltics of perjury that the facts stated herein are true, compation submitted in a document to the Department of State poor as provided for in s.817.155, F.S.)
TICLE V: Effective date, if other than the effective date is listed, the date must 190 days after the date of filing.) REQUIRED SIGNATURE: Signature of a memical constitutes an efficient day false infections at the constitutes a third degree feloment.	ber grangitherized representative of a member, US.408(3), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true, permetion submitted in a document to the Department of State peny as provided for in s.817.155, F.S.) Bartoli
Patricia Eiena	ber granzilhorized representative of a member, US-408(3), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true, presented in a document to the Department of State pay as provided for in s.817.155, P.S.) Bartoli Typed or printed name of signes

Page 2 of 2