

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

J.P.A.A. INVEST, LLC

L13000087796

Signature _____

Requested by: vw 07/01/13 AM

Name _____ Date _____ Time _____

Walk-In _____ Will Pick Up _____

FILED

13 JUL -1 PM 4:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

- _____ Art of Inc. File _____
- _____ LTD Partnership File _____
- _____ Foreign Corp. File _____
- _____ L.C. File _____
- _____ Fictitious Name File _____
- _____ Trade/Service Mark _____
- _____ Merger File _____
- Art. of Amend. File _____
- _____ RA Resignation _____
- _____ Dissolution / Withdrawal _____
- _____ Annual Report / Reinstatement _____
- _____ Cert. Copy _____
- Photo Copy _____
- _____ Certificate of Good Standing _____
- _____ Certificate of Status _____
- _____ Certificate of Fictitious Name _____
- _____ Corp Record Search _____
- _____ Officer Search _____
- _____ Fictitious Search _____
- _____ Fictitious Owner Search _____
- _____ Vehicle Search _____
- _____ Driving Record _____
- _____ UCC 1 or 3 File _____
- _____ UCC 11 Search _____
- _____ UCC 11 Retrieval _____
- _____ Courier _____

JUL 01 2013
D. BUTLER

**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:

J.P.A.A. INVEST. 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:

Remove Azar, Abdallah A from LLC
completely

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

Silva Gomes, Meire

Typed or printed name of signee

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

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FILED
OFFICE OF THE
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COURT
TALLAHASSEE, FLORIDA