

L13000157015

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ALABAMA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Jon Peters Design, LLC
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:

Jon Peters
Name of Person

Jon Peters Design, LLC
Firm/Company

23317 white magnolia pl. #103
Address

Lutz, FL 33549
City/State and Zip Code

jon.peters@mc.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jon Peters at (813) 508-3977
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check 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

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2012 NOV 18 PM 1:27
TALLAHASSEE, FL 32301

**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:

Jon Peters Design, 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:

Article VI

Incorrect: Effective date for filing as 11-7-2013

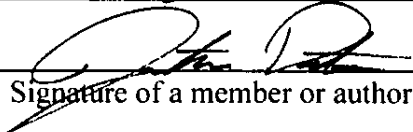
Corrected: Effective date for filing as 1-1-2014

OR



Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

Dated: 11-13-2013



Signature of a member or authorized representative of a member

Jonathan Peters

Typed or printed name of signee

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

**Electronic Articles of Organization
For
Florida Limited Liability Company**

**L13000157015
FILED 8:00 AM
November 07, 2013
Sec. Of State
thampton**

Article I

The name of the Limited Liability Company is:

JON PETERS DESIGN, LLC

Article II

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

23317 WHITE MAGNOLIA
103
LUTZ, FL. 33549

The mailing address of the Limited Liability Company is:

23317 WHITE MAGNOLIA PLACE
103
LUTZ, FL. 33549

Article III

The purpose for which this Limited Liability Company is organized is:

ANY AND ALL LAWFUL BUSINESS.

Article IV

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

JONATHAN M PETERS
23317 WHITE MAGNOLIA PLACE
103
LUTZ, FL. 33549

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.

Registered Agent Signature: JONATHAN M PETERS