## L14000032169

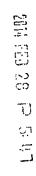
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B. BOSTICK

MAR - 3 2014

EXAMINER

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: JJHunt Holdings Name of Limited Liability	LLC **  Company
Dear Sir or Madam:	
The enclosed Statement of Correction and fee(s) are submitted for filin	g.
Please return all correspondence concerning this matter to the following	g:
Jennifer Murty Name of Person	_
Firm/Company	_
2302 SE 15 St.	
	_
Ocala, FZ 34471 City/State and Zip Code	
	「
E-mail address: (to be used for future annual report notification)	n
E-mail address: (to be used for future annual report notification)	-·
	- J
For further information concerning this matter, please call:	
Jennifer Murty at 352	342-4911
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:	
\$30 Filing Fee & Certificate of Status \$55 Filing Fee & Certified Copy	□ \$60 Filing Fee, Certificate of Status & Certified Copy

## STATMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

<u>FIRS</u>	<u>T</u> :	The name of the limited liability company is:
		JJHunt Holdings, LLC 214-32169
SECO	<u>OND</u> :	Document to be corrected is:  Articles of Organization
	(CHE	CK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT
×	nins an incorrect statement. The incorrect statement, the reason the statement is incorrect, ne corrected statement are as follows:	
	Je	ennifer Murty is a managing member
		not a manager.
	<u>OR</u>	
		defectively signed. The manner in which the document was defectively signed and the priate correction are as follows:
		· · · · · · · · · · · · · · · · · · ·
		<u> </u>
	<u>OR</u>	
	The el	lectronic transmission of the record was defective.  Musture 2/26/14
Si	gnature	of Authorized Representative Date

Filing Fee: Certified Copy: \$25.00

\$30.00 (optional)