L14 000412850

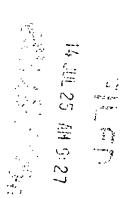
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COVER LETTER

TO: Registrat Division	ion Section of Corporations	•	*
J&N SUBJECT:	M UNITE, LLC	:	
SUBJECT:	-	Name of Limited Lia	bility Company
Dear Sir or Madar	n:		
The enclosed State	ement of Correction and fee(s) are submitted for filit	ng.
Please return all co	orrespondence concerning this	s matter to the following	g:
MICHELLE A	. BERGLUND, ESQ.		
	Name of Person		<u></u>
MURPHY & E	BERGLUND, PLLC		
	Firm/Company		<u></u>
1101 DOUGL	AS AVE., SUITE B		
	Address		_
ALTAMONTE	SPRINGS, FL 32714		
	City/State and Zip Code		_
MICHELLE@	MURPHYBERGLUND	.СОМ	
E-mail addre	ss: (to be used for future annu	al report notification)	_
For further informa	ation concerning this matter, [blease call:	
MICHELLE B	ERGLUND	321	948-8824
1	Name of Person	at (Area Code	Daytime Telephone Number
STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Ce Tallahassee, Florid	on rations 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	□ \$30 Filing Fee & Certificate of Status	□ \$55 Filing Fee & Certified Copy	☐ \$60 Filing Fee, Certificate of Status & Certified Copy

STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursi	iant to s		peing submitted to correct a previously filed do	cument.				
<u>FIRS</u>	IRST: The name of the limited liability company is: J&M UNITE, LLC							
SEC:	OND:	The Florida Document number of the limited liability company is: L14000112850						
THIRD:		Document to be corrected is:						
		ARTICLES OF INCORPORATION						
	(C)	HECK THE APPROPRIATE BOX AND	COMPLETE THE APPLICABLE STATEMEN	<u>NT</u>				
1		Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:						
	PRIN	RINCIPAL PLACE OF BUSINESS WAS LISTED WRONG						
	IT SI	SHOULD BE LISTED AS 933 LEE RD., SUITE 404, ORLANDO, FL 32810						
				,				
								
	<u>OR</u>							
		defectively signed. The manner in which ction are as follows:	the document was defectively signed and the	appropriate				
	-		三····································	/ *				
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			27					
	<u>OR</u>							
	The e	lectronic transmission of the record was	defective. 07/22/2014					
Si	ignature	of Authorized Representative	Date					

Filing Fee: Certified Copy:

\$25.00

\$30.00 (optional)