

L14000152989

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

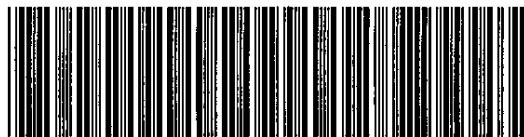
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

H. Gulligan NOV - 4 2014

COVER LETTER

TO: Registration Section
Division of Corporations

JJM Investment Properties LLC

SUBJECT: _____
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Joseph J Muglia II

Name of Person

JJM Investment Properties

Firm/Company

715 Carolina ave.

Address

Tarpon Springs, FL. 34689

City/State and Zip Code

JJMInvestmentProperties@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joseph J Muglia II

727

247-5378

Name of Person

at (_____) _____

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

**STATEMENT 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.

JJM Investment Properties LLC

FIRST: The name of the limited liability company is: _____

L14000152989

SECOND: The Florida Document number of the limited liability company is: _____

THIRD: Document to be corrected is:
Articles of Organization

(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 II has a typo the address is spelled wrong. Says 715 Carolin Ave. And the

correct way should be spelled 715 Carolina Ave. Also on Article IV I need to add

a authorized member. The authorized member should be Joseph J Muglia II

Address is 715 Carolina Ave. Tarpon Springs, FL. 34689.

OR

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

OR

- ☐ The electronic transmission of the record was defective.

Signature of Authorized Representative

Date

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

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2014 NOV - 3 PM 12: 22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Joseph J Muglia

10/29/14