

L14000171010

(Requestor's Name)

(Address)

(Address)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Stivers NOV 17 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GI JOE, LLC

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:

MAXWELL J BRUNER

Name of Person

Firm/Company

901 SANTA ROSA BLVD

Address

FORT WALTON BEACH, FL 32548

City/State and Zip Code

MAXWELLBRUNER53@YAHOO.COM

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

For further information concerning this matter, please call:

MAXWELL J BRUNER

850

200-3440

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

CR2E062 (2/14)

**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.

FIRST: The name of the limited liability company is: GI JOE, LLC

SECOND: The Florida Document number of the limited liability company is: L14000171010

THIRD: Document to be corrected is:
ARTICLE I

(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 I: THE NAME OF THE LIMITED LIABILITY COMPANY IS GI JOE,
LLC. THIS STATEMENT IS INCORRECT. THE CORRECT NAME OF THE
LIMITED LIABILITY COMPANY IS GI JOE'S, LLC.

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

11/04/2014

Date

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

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TALLAHASSEE FLORIDA