

L15000000378

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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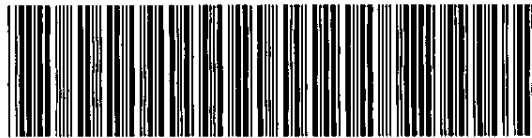
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS

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15 FEB 17 PM 4:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 FEB 18 2018

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 436402 8027234
AUTHORIZATION : *Lyndee Coleman*
COST LIMIT : \$ 25.00

ORDER DATE : December 26, 2014
ORDER TIME : 5:25 PM
ORDER NO. : 436402-010
CUSTOMER NO: 8027234

DOMESTIC AMENDMENT FILING

NAME: J & S WELLNESS, LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT
 RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: J & S WELLNESS, 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:

Name of Person

Firm/Company

Address

City/State and Zip Code

jandswellness@gmail.com

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

For further information concerning this matter, please call:

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: J & S WELLNESS, LLC

SECOND: The Florida Document number of the limited liability company is: L15000000378

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:

Incorrect statement: ARTICLE II: The principal office of the Limited Liability Company is: 66 EAGLE COURT, KISSIMMEE, FL 34759

The mailing address of the Limited Liability Company is: 66 EAGLE COURT, KISSIMMEE, FL 34759

Correct statement: ARTICLE II: The principal office of the Limited Liability Company is: 566 EAGLE COURT, KISSIMMEE, FL 34759

The mailing address of the Limited Liability Company is: 566 EAGLE COURT, KISSIMMEE, FL 34759

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.

Seimur Bishop
Signature of Authorized Representative

2/12/15
Date

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

FILED
15 FEB 17 PM 4:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA