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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 21 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: J & J APPLIANCE SERVICE AND REPAIR 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:

JORGE HERNANDEZ

Name of Person

J & J APPLIANCE SERVICE AND REPAIR LLC

Firm/Company

5740 NW 101 COURT

Address

DORAL, FLORIDA 33178

City/State and Zip Code

JJAPPLIANCEREPAIR2@GMAIL.COM

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

For further information concerning this matter, please call:

JORGE HERNANDEZ

786

291-5846

at (

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:

☒ \$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 & J APPLIANCE SERVICE AND REPAIR LLC

SECOND: The Florida Document number of the limited liability company is: L15000054833

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:

ONE OF THE MEMBER'S LAST NAME IS INVERTED. CURRENTLY THE
MEMBER'S NAME READ AS JUAN VALDES-FERNANDEZ. THIS IS
INCORRECT. IT SHOULD READ CORRECTLY AS FOLLOWS:
JUAN FERNANDEZ-VALDES. PLEASE MAKE THAT CHANGE. THANK YOU.

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]
Signature of Authorized Representative

04-02-15
Date

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

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15 APR -6 AM 11:57
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TALLAHASSEE, FLORIDA