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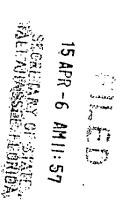
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COVER LETTER

Division of Corporations			
J & J APPLIANCE SERVIO	CE AND REPAIR	LLC	
SUBJECT:	Name of Limited Liability Company		
Dear Sir or Madam:			
The enclosed Statement of Correction and fee(s)	are submitted for filin	g.	
Please return all correspondence concerning this	matter to the following	g:	
JORGE HERNANDEZ			
Name of Person		_	
J & J APPLIANCE SERVICE AND R	EPAIR LLC		
Firm/Company		-	
5740 NW 101 COURT			
Address	***************************************	-	
DORAL, FLORIDA 33178			
City/State and Zip Code		•	
JJAPPLIANCEREPAIR2@GMAIL.C	ОМ		
E-mail address: (to be used for future annu-	al report notification)	<u></u>	
For further information concerning this matter, p	lease call:		
JORGE HERNANDEZ	786	291-5846	
Name of Person	Area Code	Daytime Telephone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations		MAILING ADDRESS: Registration Section Division of Corporations	
Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the following amount:			
\$30 Filing Fee & Certificate of Status	S55 Filing Fee & Certified Copy	☐ \$60 Filing Fee. Certificate of Status & Certified Copy	

TO: Registration Section

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 The Florida Document number of the limited liability company is: L15000054833 SECOND: 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. <u>OR</u> \Box Was defectively signed. The manner in which the document was defectively signed and the approcorrection are as follows: <u>OR</u> \Box The electronic transmission of the record was defective. Signature of Authorized Representative Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)

CR2E062 (2/14)