

LI-5006056415

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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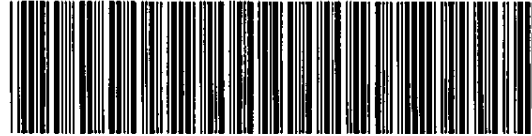
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Winters APR 21 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Judi's Dinner 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:

Jonathan Martinez
Name of Person

Firm/Company

5220 Old winter garden Rd
Address

Orlando FL 32811
City/State and Zip Code

Jinglebelllights@me.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jonathan Martinez at (407) 488-9088
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

**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:

Judy's Dinner LLC

SECOND: Document to be corrected is:

Name of LLC. Correct Name is/ Judy's Diner L.L.C.

(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:

Our accountant Filed the L.L.C. and spelled the
name wrong. The Name we would like to have
is Judy's Diner L.L.C.

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

4/1/15
Date

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