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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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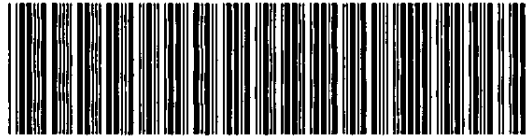
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUL 07 2015

J SHIVERS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JMG COMMERCIAL 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:

Joseph M. GIUTTARI
Name of Person

JMG COMMERCIAL LLC
Firm/Company

28062 PISCES LANE
Address

BONITA SPRINGS FL 34135
City/State and Zip Code

JAYGIUTTARI @ GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOSEPH M. GIUTTARI at (401) 338-4540
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: _____

JMG COMMERCIAL LLC

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

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:

FIRST NAME OF REGISTERED AGENT AND
MANAGER SHOULD BE:

JOSEPH M. GIUTTARI

(NOT JAY GIUTTARI)

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.

Joseph M. Giuttari
Signature of Authorized Representative

JUNE 30, 2015
Date

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA