Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H15000205860 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: ·

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES,

Account Number: 075350000353 Phone : (800)221-2972

Fax Number : (888)692-9256

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. ** [7] Sometimes annual report mailings.

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN JOYFUL SUNSHINE HOMES, L.L.C.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

From:

#923 P.002/002 AM 8: 12 2015 AUG 26

SECRETARY OF STATE STATEMENT OF CORRECTION ALLAHASSEE, FLORIDA FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursua	ant to s	ection 605.0209, F.S., this document is being submitted to correct a previously filed document.		
FIRS'	<u>r</u> :	The name of the limited liability company is: JOYFUL SUNSHINE HOMES, L.L.C.		
SECO	ND:	The Florida Document number of the limited liability company is: L15000099829		
<u>THIR</u>	<u>D</u> :	Document to be corrected is: ARTICLES OF ORGANIZATION		
	(CI	IECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT		
		ins an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the statement are as follows:		
	ART	CLE IV: THE NAME OF THE AUTH. MEMBER WAS INCORRECT, IT		
	WAS TYPO GRAPHICAL ERROR AND SHOULD READ AS FOLLOWS:			
	ART	ARTICLE IV: THE NAME AND ADDRESS OF PERSON AUTH TO MANAGE:		
	TITL	TITLE: AMBR - NaEthan Limited Partnership, 6606 N. 56TH ST., TAMPA, FL 33610		
	OR			
	Was	defectively signed. The manner in which the document was defectively signed and the appropriate ction are as follows:		
	<u>OR</u>			
9_	The e	lectronic transmission of the record was defective.		
√Si	gnature	of Authorized Representative Date		

Filing Fee: Certified Copy:

\$25.00

\$30.00 (optional)