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TALLAHASSEE, FLORIDA

9/12/16 QAS

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** JEDAMI RANCHES 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:

**STEVEN L. BORNSTEIN**

Name of Person

**STEVEN L. BORNSTEIN, P.A.**

Firm/Company

**9950 STIRLING ROAD #107**

Address

**COOPER CITY, FLORIDA**

City/State and Zip Code

**TRANSFERTS@AOL.COM**

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

For further information concerning this matter, please call:

**STEVEN L. BORNSTEIN** at **954** **436-9155 EXT.12**

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 (9/15)

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16 SEP - 8 AM 11:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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: JEDAMI RANCHES LLC

**SECOND:** The Florida Document number of the limited liability company is: L 15000141135

**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:

THE INCORRECT STATEMENT IS THE NAMES OF THE AUTHORIZED PERSONS.

MANEUL BAEZ WAS NOT TO BE AN AUTHORIZED PERSON.

THE SOLE AUTHORIZED PERSON SHALL BE REBECCA BAEZ.

**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.

+ Rebecca Baez  
Signature of Authorized Representative

+ Maneul Baez 9/1/16  
Date

Signature of new registered agent, if applicable : ( NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation).

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

\_\_\_\_\_  
Registered Agent's Signature

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