

L15000/85/91

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

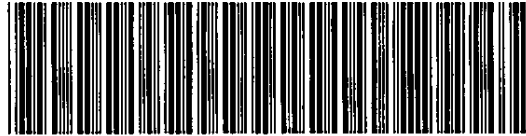
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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2015 NOV 13 PM 12:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALLY
EXAMINER
NOV 16 2015

November 9, 2015

Registration Section
Division of Corporations
Clifton Building
Tallahassee, FL 32301

SUBJECT: JJP LLC

DOCUMENT NUMBER: L15000185191

Dear Sir or Madam:

The enclosed Statement of Correction and fees are submitted for filing..

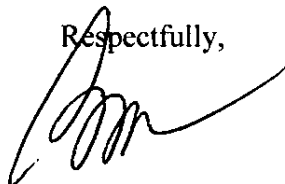
Please return all correspondence concerning this matter to the following:

Barton S. Strock
STROCK & COHEN ZIPPER LAW GROUP PA
2900 Glades Circle Suite 750
Weston, FL 33327
E-mail address (to be used for future annual report notification):
bstrock@strocklaw.com

For further information concerning this matter, please call:
Barton S. Strock at (954) 659-2220.

Enclosed is a check for the following amount: \$30.00 for Filing Fee and Certificate of Status.

Respectfully,

A handwritten signature in black ink, appearing to be 'B. Strock', written over the word 'Respectfully,'.

Barton S. Strock

**STATEMENT OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 605.0209, F.S., this document is being submitted to correct the previously filed articles of organization.

FILED
2015 NOV 13 PM 12:26
CLERK OF STATE
TALLAHASSEE, FLORIDA

FIRST: The name of the limited liability company is:

JJP LLC

SECOND: The Florida Document number of the limited liability company is: L15000185191

THIRD: The 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:

Due to a scrivener error the principal address and mailing address should have been:

2900 Glades Circle Suite 750, Weston FL 33327.

OR

☐

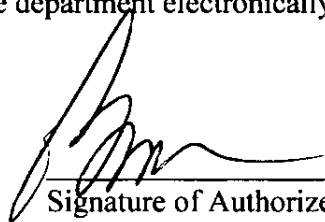
Was defectively signed. The manner in which the document was defectively signed and the appropriate correction is as follows:

OR

☐

Was defectively transmitted to the department electronically.

Dated: November 9, 2015.



Signature of Authorized Representative of Member
Barton S. Strock, Authorized Representative