

L15000189781

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : DUSS, KENNEY, SAFER, HAMPTON & JOOS, P.A.
Account Number : 120090000089
Phone : (904) 543-4300
Fax Number : (904) 543-4301

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

Email Address: VCLAW@Jax firm.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LJW PROPERTIES, LLC

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November 17, 2015

FLORIDA DEPARTMENT OF STATE
Division of Corporations

DUSS, KENNEY

SUBJECT: LJW PROPERTIES, LLC
REF: L15000189781

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The wrong filing form was submitted.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Neysa Culligan
Regulatory Specialist II

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TALLAHASSEE, FLORIDA

P.O. BOX 6327 - Tallahassee, Florida 32314

**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: LJW Properties, LLC

SECOND: The Florida Document number of the limited liability company is: L15000189781

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:

Article II, both the Street Address and the Mailing Address
reflect the country as "JS", rather than "US". Replace each
incidence of "JS" with "US".

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]
Signature of Authorized Representative

11/17/17
Date

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TALLAHASSEE, FLORIDA

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)