116000096673

(Red	questor's Name)		
(Add	dress)		
(Add	dress)		
(City	y/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Nan	ne)	
(Document Number)			
Certified Copies	_ Certificates	s of Status	
Special Instructions to Filing Officer:			

Office Use Only



400286362454

06/02/16--01010--001 **25.00

2016 JUN -2 P 3: 43
SECREMENT OF STATE

OUNG ROLL

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: THE BLUE JAGGER	. LLC		
Name of Limited Lia	bility Company	_	
Dear Sir or Madam:			
The enclosed Statement of Correction and fee(s) are submitted for filin	ng.		
Please return all correspondence concerning this matter to the following	ng:		
USE DROUILLY Name of Person	<u>, </u>		
THE BLUE JAGGER LIC			
720 NE 62nd Street # 306	_		
MIAMI 33188 City/State and Zip Code	_	ŽÕĨB SĒC	-
Lise & the Sue jac gon. com E-mail address: (to be used for future application)	۷.	JUN -2 P AHASSEE, FI	
For further information concerning this matter, please call:		ETWE LOND	Ü
List Devillo a 305	166 7730	_	*
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 \$\times \text{\$30 Filing Fee & Certificate of Status}\$ \$\text{Certificate of Status}\$ \$\text{Certified Copy}\$	e & S60 Filing Fee, Certificate of Status & Certified Copy		

CR2E062 (9/15)

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 n	ame of the limited liability company is: THE BI	VE JAGGER LLC		
SECOND: THIRD:	The Florida Document number of the limited liability Document to be corrected is: Electronic Actual (CHECK THE APPROPRIATE BOX AND COMPL	les of organization for flor	_da (10 Axlide	
_	tins an incorrect statement. The incorrect statement, the nent are as follows: the TV: the apartment num connect: 305. e correct Statement is:	\	ected Lis	
Was of as follows	defectively signed. The manner in which the document values:	vas defectively signed and the appropriate con	rection are	
_	electronic transmission of the record was defective. Signature of Androne Representative	05/30 J 254	6	
Signature of raccepting the	new registered agent, if applicable :(NOTE: if correcting designation).	the registered agent, the new registered agent	must sign	
I hereby acceprovisions of obligations of		nce of my duties, and I am familiar with and a ter 605, F.S. Or, if this document is being filed the limited liability company has been notified	accept the d to merely	
Registered Agent's Signature Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)				