

216 000141420

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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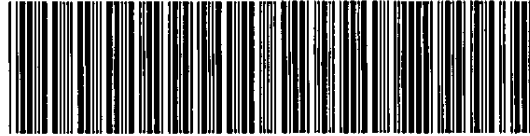
(Business Entity Name)

(Document Number)

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S. YOUNG

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TALLAHASSEE, FLORIDA
16 AUG -5 PM 2:57

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **2819 JAGS, 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:

RITA JACKMAN

Name of Person

POWELL, JACKMAN, STEVENS & RICCIARDI

Firm/Company

4575 VIA ROYALE-SUITE 200

Address

FORT MYERS, FL 33919

City/State and Zip Code

rjackman@your-advocates.org

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

For further information concerning this matter, please call:

Rita Jackman

Name of Person

at **(239) 689-1096**

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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TALLAHASSEE, FLORIDA
16 AUG -5 PM 2:57

**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: 2819 JAGS, LLC

SECOND: The Florida Document number of the limited liability company is: L16000141420

THIRD: Document to be corrected is: ARTICAL 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:

AMBER- (Anthony Kevin Thorn-Dobson) is missing a letter S and the end
of Thorn-(It should be Thorns) The s needs to be add on Thorns.

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.

Rita Jackman
Signature of Authorized Representative

Aug 1, 2016
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)