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AUG 24 2016

S. YOUNG

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Restore Hope of Jerson Beach LLC Name of Limited Liability Company		
Hame of Elithed Elability 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:		
Bonne Z. Scheflin Name of Person		
Scheffin Low Crop, P.A.		
9850 Stirling Road, Suive #100		
Cooper City Flor. da 33024 City/State and Zip Code		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Bane Z. Schefin at (GS4) 862-2262 Name of Person Area Code Daytime Telephone Number		
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 \$\bigcup \text{\$30 Filing Fee & } \bigcup \text{\$55 Filing Fee & } \bigcup \text{\$60 Filing Fee, } \text{Certificate of Status & } \text{Certified Copy}		

TALLAHASSEE, FLOSH

STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

	to section 605.0209, F.S., this document is being submitted to correct a previously filed document. The name of the limited liability company is: Restore Hope of Jensey Black LLC
SECON THIRD	Document to be corrected is: ARticles of Organization
./	(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT
X	Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:
	The spelling of the Word Jenson is incorrect.
	The coelect Spelling is "JENSEN"
	An "O" in Jenson - was in Advectantly Put
	OR INSTEAD OF AN "E" WHICH IS the collect
	Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are
	as follows:
	OR - S
	The electronic transmission of the record was defective.
	August 18 2016. Signature of Auftrorized Representative Date
	e of new registered agent, if applicable :(NOTE: if correcting the registered agent, the new registered agent must sign g the designation).
I hereby provisio obligati	gistered Agent's Signature, if changing Registered Agent: accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ns of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the ons of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely change in the registered office address, I hereby confirm that the limited liability company has been notified in writing hange.
	Registered Agent's Signature
	Filing Fee: \$25.00

Certified Copy:

\$30.00 (optional)