

L16000178135

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

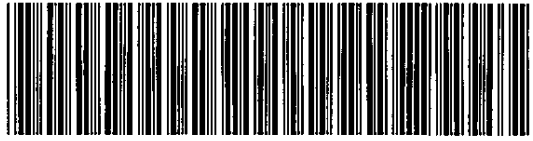
(Business Entity Name)

(Document Number)

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FILED  
2016 SEP 30 PM 12:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
OCT - 3 2016

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: JAYCARE Adult Training Centers, 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:

Joyce D. McGriff  
Name of Person

JAYCARE Adult Training Centers, LLC  
Firm/Company

4609 Horton Road  
Address

Plant City, FL 33567  
City/State and Zip Code

joymcgriff48@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joyce D. McGriff at (813) 477-1857  
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
- \$30 Filing Fee & Certificate of Status
- \$55 Filing Fee & Certified Copy
- \$60 Filing Fee, Certificate of Status & Certified Copy

STATEMENT OF CORRECTION  
FOR  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

FILED

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

2016 SEP 30 PM 12:07

**FIRST:** The name of the limited liability company is: JAYCARE Adult Training Center, LLC  
4609 Horton Road - Plant City, FL 33567

**SECOND:** The Florida Document number of the limited liability company is: L16000178135

**THIRD:** Document to be corrected is: Effective Date is 09-23-16  
which is the date I filed 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:

Because my filing date was  
September 23, 2016, therefore I need  
for my effective need to be September 23, 2016.

OR

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

I made a mistake on my effective  
date.

OR

<sup>NO</sup> <sub>25m</sub> The electronic transmission of the record was defective.

Jay D. McGriff 09-28-16  
Signature of Authorized Representative 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.*

Jay D. McGriff  
Registered Agent's Signature OK check enclosed

Filing Fee: \$25.00  
Certified Copy: \$30.00 (optional)