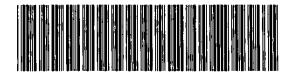
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COVER LETTER

TO: Registration So Division of Co							
SUBJECT:	J Enterprise	D. Floridas ame of Limited Liab	F	oraden Coast Li	C		
Dear Sir or Madam:							
The enclosed Statemen	t of Correction and fee(s) a	re submitted for tiling	; .				
Please return all corresp	oondence concerning this m	atter to the following	:				
	Jenney Han	denbook	-				
	Firm/Company	Λ	-	·			
<i>QA</i>	Addiess Addiess	Ave	_				
- Port	City/State and Zip Code	2456	-				
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For further information	concerning this matter, ple	ease call:	ĮI.	M 11125	SSEE, F SSEE, F	Σ	T T C
Jenni er Namo	e of Person	at (<u>D) I (</u> Area Code	_) <u>~11</u>	Daytime Telephone Number	55 4	:: 2	
STREET/COURIER Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, Florida 32	ns Circle		Reg Divi P.O.	ILING ADDRESS: istration Section ision of Corporations . Box 6327 ahassee, Florida 32314			
Enclosed is a check for	or 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)			ė	*\$			

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.

	it to section 603.0209. F.S., this document is being submitted to correct a previously filed in the fimited liability company is: JOJ Enterprises of Floridas	^				
SECON	ND: The Florida Document number of the limited liability company is:	00197538				
THIRD	IRD: Document to be corrected is: Articles of Organization)					
,	(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABL	<u>LE STATEMENT</u>				
	Contains an incorrect statement. The incorrect statement, the reason the statement is instatement are as follows:					
	"AMBR" IS James Hardenbook — Ocener	· · · · · · · · · · · · · · · · · · ·				
	OR Was defectively signed. The manner in which the document was defectively signed and as follows:	d the appropriate correction are				
		ZIJE NOV - 8 SECRETARY TALLAHASS				
	OR The electronic transmission of the record was defective.	A II: 39 OF STAIR E. FLORIDA				
	Signature of Authorized Representative D	ate				
Signatu acceptir	re of new registered agent, if applicable : (NOTE: if correcting the registered agent, the range the designation).	new registered agent must sign				
Thereby	egistered Agent's Signature, if changing Registered Agent: s accept the appointment as registered agent and agree to act in this capacity. I further a ons of all statutes relative to the proper and complete performance of my duties, and I an ons of my position as registered agent as provided for in Chapter 605, F.S. Or, if this do a change in the registered office address, I hereby confirm that the limited liability compenhange. Registered Agent's Signature Filing Fee: Certified Copy: \$30.00 (optional)	igree to comply with the n familiar with and accept the cument is being filed to merely any has been notified in writing				