

3/29/2017

L17000059932

Division of Corporations
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : SAAVEDRA, GOODWIN
Account Number : I20040000091
Phone : (954)767-6333
Fax Number : (954)767-8111

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: Kfenichel@saavlaw.com

**LP/LLP AMENDMENT/RESTATEMENT/CORRECTION
IJE, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$52.50

Electronic Filing Menu

Corporate Filing Menu

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: IJE, 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:

Kimberly Fenichel

Name of Person

Saavedra Goodwin

Firm/Company

312 S.E. 17th Street, 2nd Floor

Address

Ft. Lauderdale, FL 33316

City/State and Zip Code

kfenichel@saavlaw.com

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

For further information concerning this matter, please call:

Kimberly Fenichel

Name of Person

at **954** **767-6333**

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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**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: IJE, LLC

SECOND: The Florida Document number of the limited liability company is: L17000059932

THIRD: Document to be corrected is: 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:

The name of the Manager is incorrectly spelled as IRWIN SCWARTZ
and is hereby corrected to reflect the proper name of the Manager as
IRWIN SCHWARTZ

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.

[Signature]

Signature of Authorized Representative

3/29/17

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)

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