

L17000171413

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H17000220260 3)))



H170002202603ABCU

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

To:

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

From:

Account Name : JELEN ACCOUNTING SERVICES, INC
Account Number : I20120000052
Phone : (305)591-9180
Fax Number : (305)591-9167

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

Email Address: info@jelenaccounting.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
JJ RESEARCH INTERNATIONAL, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

FILED
17 AUG 21 PM 2:42
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

S. WARREN

AUG 22 2017

STATEMENT OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Section 605.0204, F.S., requires a document that is filed with the state to be a true and correct document.

Name of the limited liability company: RESCUE INTERNATIONAL, LLC

1. FILED The Florida Document number of the document is L17000171413
2. FILED Document to be corrected: Articles of Organization

CHECK THE APPROPRIATE LINE AND FILL IN THE APPLICABLE STATEMENT

3. FILED The information on the document is incorrect and the corrected information is as follows:

TO Request Organizational
Date by July 7th 2017

4. FILED

5. FILED Was defectively signed. The manner in which the document was defectively signed and the changes to correct on are as follows:

FILED
17 AUG 21 PM 2:42
TALLAHASSEE
FLORIDA

6. FILED

7. FILED The document was signed by:

[Signature]
Signature of Registered Representative

Date

8. FILED Signature of new registered agent, if applicable. (NOTE: If correcting the registered agent, the new registered agent must be in the designation.)

9. FILED I, the undersigned, being a resident of the State of Florida, do hereby certify that I am familiar with and accept responsibility for the information contained in this document to being filed with the state. I have read the document and I have verified that the information contained therein is true and correct. I have also verified that the registered office address of the company has been notified in writing to the company.



Notary Public for the State of Florida