

LIB000014963

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

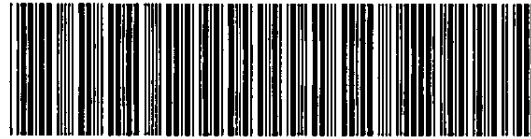
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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02/05/18--01007--002 \*\*25.00

FILED  
18 FEB 20 AM 11:55  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

J. LEGGETT  
FEB 20 2018



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 6, 2018

YVETTE RASHID  
2691 E OAKLAND PARK BLVD STE 302  
FT LAUDERDALE, FL 33306 US

SUBJECT: JAX BG LLC.  
Ref. Number: L18000014963

We have received your document for JAX BG LLC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Judy A Leggett  
Regulatory Specialist II  
Registration Section

Letter Number: 718A00002457

RECEIVED

FEB 20 2018

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** JAX BG 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:

**YVETTE RASHID**

Name of Person

**UNIVERSAL ACCOUNTING & FINANCIAL SERVICES INC.**

Firm/Company

**2691 E OAKLAND PARK BLVD STE 302**

Address

**FORT LAUDERDALE, FL 33306**

City/State and Zip Code

**INFO@UNIVERSALACCOUNTINGFINANCIAL.COM**

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

For further information concerning this matter, please call:

**YVETTE RASHID** at ( **954** ) **728-8982**

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

CR2E062 (9/15)

**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: JAX BG LLC.

**SECOND:** The Florida Document number of the limited liability company is: L18000014963

**THIRD:** Document to be corrected is: ARTICLE V

**(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 Article V added incorrectly a MGR Mariano H Beltrame

Mariano H Beltrame needs to be deleted as mgr.

**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.

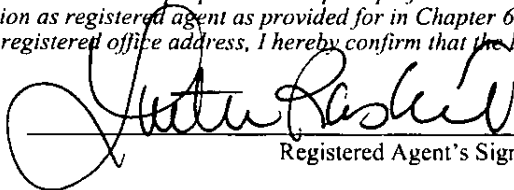
Eduardo Goldstein  
Signature of Authorized Representative

02/23/18  
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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18 FEB 20 AM 11:55  
TALLAHASSEE FLORIDA