

L19000017178

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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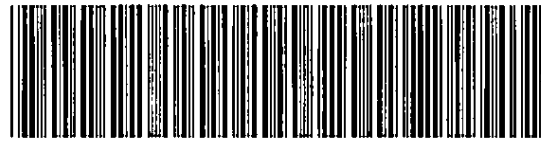
(Business Entity Name)

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2019 FEB 14 PM 5:33
CLERK OF STATE
TALLAHASSEE, FL

C. GOLDEN

FEB 19 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BNJ, 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:

MATTHEW J. MONAGHAN, ESQ.

Name of Person

CANTWELL & GOLDMAN, P.A.

Firm/Company

96 WILLARD STREET, STE. 302

Address

COCOA, FL 32922

City/State and Zip Code

adi@digital.net

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

For further information concerning this matter, please call:

BECKY MORIN

321

453.0600

Name of Person

at ()

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 (2/14)

**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. **2019 FEB 14 PM 5:33**

FIRST: The name of the limited liability company is: BNJ, LLC **SECRETARY OF STATE
TALLAHASSEE, FL**

SECOND: The Florida Document number of the limited liability company is: L19000017178

THIRD: Document to be corrected is:
ARTICLES OF ORGANIZATION FILED ON JANUARY 15, 2019

(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:

Incorrect Statement: Article IV, Authorized Person(s) to Manage LLC:

Title: MGR, Jeffrey B. Morin, 1014 Poinsetta Street, Port St. John, FL 32927

Correct Statement:

Title: MGR, Jeffery B. Morin, 1014 Poinsetta Street, Port St. John, FL 32927

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.

Rebecca L. Morin

January 28, 2019

Signature of Authorized Representative

Date

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