

L19000157959

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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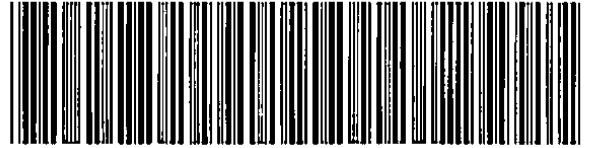
(Business Entity Name)

(Document Number)

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19 JUL -8 PM12:09

Statement
of
Correction

JUL 18 2019

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **JCG BPO SERVICES, 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:

DORCAS TROCHE

Name of Person

RCG ACCOUNTING & ASSOC.

Firm/Company

9000 SHERIDAN STREET SUITE 138

Address

PEMBROKE PINES, FL 33024

City/State and Zip Code

DORCAS@RCGACCOUNTANTS.COM

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

For further information concerning this matter, please call:

DORCAS TROCHE

at (

954

Area Code

862-2222

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)

19 JUL -8 PM12:09

RECORDED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

**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: JCG BPO SERVICES, LLC

SECOND: The Florida Document number of the limited liability company is: L19000157959

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:

DUE TO A CLERICAL ERROR, THE FIRST NAME OF THE REGISTERED

AGENT AS WELL AS THE AMBR SHOULD BE CORRECTED TO JOSE.

THE CORRECTED NAME SHOULD APPEAR AS JOSE C. GALLO.

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.

Jose C. Gallo 7/2/19
Signature of Authorized Representative Date

19 JUL - 8 PM 12: 09
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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.

Jose C. Gallo
Registered Agent's Signature

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