8/16/24, 5:04 PM Division of Corporations

L24000275926

# 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 : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (614)573-3996

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

Email Address: _____

RECEIVED 2024 AUG 19 AM 10:21 SEC. OF STATE TALLAHASSEE, FLORIDA

FILED 2024 AUG 19 AM 10:21 SEC. OF STATE TALLAHASSEE, FLORIDA

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

## JCAG MULTIFAMILY INVESTMENTS LLC

| | |
|---|---|
| Certificate of Status | 0 |
| Certified Copy | 1 |
| Page Count | 02 |
| Estimated Charge | $55.00 |

Electronic Filing Menu Corporate Filing Menu Help

T. LEMIEUX AUG 20 2024

# 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: JCAG Multifamily Investments LLC

**SECOND:** The Florida Document number of the limited liability company is: L24000230980

**THIRD:** Document to be corrected is: Electronic Articles of Organization for Florida Limited Liability Company

**(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:

**OR**

☒ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

Registered agent signature is wrong. Article IV states: the registered agent is CT Corporation System, with the signature only stating the name of the corporation. Signature field correction is: Signer Christine Kelm, Assistant Secretary, CT Corporation System

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TALLAHASSEE, FLORIDA

**OR**

☐ The electronic transmission of the record was defective

Francisco Fonseca Jr. 08/15/2024

Signature of Authorized Representative 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.*

Christine Kelm
Assistant Secretary

Registered Agent's Signature

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

CR2E062 (9-15)