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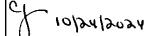
(Requestor's Name)
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COVER LETTER

• TO: • Registration S Division of Co										
SUBJECT: JMA ODERATIONS, LLC Name of Limited Liability Company										
		Vame of Limited Liab	ility Company							
Dear Sir or Madam:										
The enclosed Statemen	nt of Correction and fee(s) a	re submitted for filing	3.							
Please return all corres	pondence concerning this n	natter to the following	g:							
<u> </u>	ARNESEN Name of Person		-							
JmA	CPENATION FITTH/Company	NS, LLC	=							
	NF_10 S Address									
Pon	MANO BEL dity/State and Zip Code	9CH, FL	33062							
AIZNE:	SEW, JAY (wo be used for future annua	GMATL. Treport notification)	com							
For further information	n concerning this matter, pl	case call:								
JAY A	RNESEN	at (201_	286 - 1881 Daytime Telephone Number							
Nam	e of Person	Area Code	Daytime Telephone Number							
P.O. Box 6	n Section Corporations	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303								
Enclosed is a check fo	or 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							

STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

•	•		FLORIDA OI	R FOREIGN LIM	AITED LIA	BILITY CO	MPANY 787	i.c :-7	PI; 5: 41
	Pursuan	t to section 605	.0209, F.S., this do	cument is being subn	nitted to corre	ect a previously			• • • • • • • • • • • • • • • • • • • •
	<u>FIRST</u> :	The name of the	ne limited liability c	company is:	no of	DERATI	, 240	LLC	- -
	SECON			ımber of the limited					
	THIRD	: Docu	ment to be corrected	lis: ARTICLE	es of	AMEN	DWE-	JT - 9]7 24
		(CHEC	CTHE APPROPR	<u>IATE BOX AND C</u>	OMPLETE 1	THE APPLICA	BLE STAT	<u>rement</u>	
	k	statement are	is follows:	The incorrect stateme					
INCOM	ECT:	REMON	E'MGR'	- JMA OF	ERAT	IUNS, L	ر پر گ	RFASUN-	_JmA
OPENA-	てていれ	s,uc	LANNET mi	ANAGE IT	SELF.	THE FILT	الملا عالم	S A (LS	erical Emor
3) 50150	にたして	D STAT	EMENT.	400 mor	1 . JA	TARNES	SEN H.	AVINC	AN ADDRESS
OF 27	181	VE10 ST	Pompan	NO BEACH,	FLUMIA.	4 33062	2,		
JAY AV	2NFS!	Was defective as follows:	715 MAN ly signed. The man	IN CHER OF oner in which the doc	JWA Cournent was de	OPENA-	I and the app	, LLC , propriate corre	ection are
		<u>OR</u>							_
			transmission of the	e record was defective	e.	9/0	1/24/ Date	 	·
		// -	tered agent, if appli	cable :(NOTE: if co	rrecting the re	gistered agent,	the new regi	stered agent n	nust sign
	I hereb provisio obligat	y accept the ap ons of all statut ions of my posi a change in the	pointment as registe es relative to the pr tion as registered as	nging Registered Age ered agent and agree oper and complete po gent as provided for t ldress, I hereby confi	to act in this erformance of in Chapter 60.	my duties, and 5, F.S. Or, if thi	I am familia s document :	r with and ac is being filed i	cept the to merely
				Registered .	Agent's Signa	ature			
				Filing Fee: Certified Copy:		5.00 0.00 (optional)			