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COVER LETTER

FO: Registration Section Division of Corporations	
SUBJECT: J T HUNT ENTER PRISES, 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:	
JESSE M. HUNT Name of Person	
Firm/Company	
6529 TOWER DRIVE	
HUDSON, FL 34667 City/State and Zip Code	
City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
CEDRIC P. HAY, EQ., at (727) 868-2304 Name of Person Area Code Daytime Telephone Number	
Name of Person Area Code Daytime Telephone Number	
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 8Tallahassee, FL 32303	310
Enclosed is a check for the following amount:	
\$25 Filing Fee \$\Bigcup \$30 Filing Fee & B555 Filing Fee & \$\Bigcup \$60 Filing Fee.\$ Certificate of Status Certified Copy Certificate of Status & Certified Copy	

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. IT THUNT ENTERPRISES FIRST: The name of the limited liability company is: The Florida Document number of the limited liability company is: <u>L 24 00</u>0425938 SECOND: Document to be corrected is: ARTICLES OF ORGANIZATION THIRD: (CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT ঘ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows: Name of \underline{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. Signature of Authorized Representative 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:

Certified Copy:

\$25.00

\$30.00 (optional)