Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000411008 3)))



H240004110083ABCU

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : KAUFFMAN THOMPSON, PLLC

Email Address: \_\_\_\_\_

Account Number : I20210000121 Phone : (941)479-3006 Fax Number : (941)777-4577

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

26

言器 LLC AMND/RESTATE/CORRECT OR M/MG RESIGN JEBCORE EQUITIES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

(((H24000411008 3)))

(((H24000411008 3)))

## **COVER LETTER**

	COVERE		
TO: Registration Section Division of Corporations			
JEBCORE EQUITIES, LLC			
SUBJECT:Name of Limited Liability Company			
Dear Sir or Madam;			
The enclosed Statement of Correction and fee(s) are	schmitted for filin	α	
Please return all correspondence concerning this ma			
Gary Kauffman, Esq.			
Name of Person		_	
Kauffman Thompson, PLLC			
Firm/Company	<del></del>	_	
1990 Main Street, Suite 725			
Address		_	
Sarasota, FL 34236			
City/State and Zip Code		_	
s@omniumre.com			
E-mail address: (to be used for future annual r	eport notification)	-	
For further information concerning this matter, plea	se call:		
Gary Kauffman, Esq.	941	479-3006	
Name of Person	at (Area Code	Daytime Telephone Number	
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
Enclosed is a check for the following amount:			
☐ \$25 Filing Fee ☐ \$30 Filing Fee & ☐ Certificate of Status	□\$55 Filing Fee & Certified Copy	☐ S60 Filing Fee, Certificate of Status & Certified Copy	
CR2E062 (9/15)			

p.6

(((H24000411008 3)))

## STATEMENT OF CORRECTION **EOR** FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

		tion 605,0209, F.S., this document is being submitte	· · · · · · · · · · · · · · · · · · ·		
FIRST	: The na	me of the limited liability company is:	QUITIES, LLC		
SECO	<u>ND:</u>	The Florida Document number of the limited liab	ility company is: L24000493851		
THIRE	<u>)</u> :	Document to be corrected is: Articles of Organizat	les		
	Ω	CHECK THE APPROPRIATE BOX AND COV			
od .		ns an incorrect statement. The incorrect statement, enture as follows:	the reason the statement is incorrect, and the corrected		
	Article	V incorrectly stated a Delayed Effective Date of Janu	ary 1, 2025. The reason this statement is incorrect is		
that the Company needs to start business immediately. Accordingly, Article V is corrected to read that the Artic					
shall become effective, and the Company's existence shall commence, upon filing of this Statement of Correction.					
	<u>OR</u>				
	Was de	yws:	ent was defectively signed and the appropriate correction are		
			• ,		
	<u>OR</u>		+ + + + + + + + + + + + + + + + + + +		
	The ele	ectronic transmission of the record was defective.	· · · · · · · · · · · · · · · · · · ·		
		- Company	December 13, 2024		
		Signature of Authorized Representative	Date		
		w registered agent, if applicable if NOTE: if correct esignation).	ing the registered agent, the new registered agent must sign		
f hereby provisio obligati	v accept ons of al ions of n a change	I statutes relative to the proper and complete perfe- ny position as registere i agent as provided for in C	ect in this capacity. I further agree to comply with the mance of my duties, and I am familiar with and accept the hapter 605, F.S. Or, if this document is being filed to merely hat the limited liability company has been notified in writing		
	Rugistered Agent's Signature				
		Filing Fee: Certified Copy:	\$25.88 \$30.00 (optional)		