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H240004110023ABCO

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JEBCORE MEMBER, LLC

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COVER LETTER

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SUBJECT:	JEBCORE MEMBER, LLC Name of Limited Liability Company				
Dear Sir or i	Madam:				
The enclosed	i Statement	of Correction and fee(s):	are submitted for filin	g.	
Please return	all corresp	ondence concerning this	matter to the followin	g:	
Gary Kaufti	nan, Esq.				
	·	Name of Person			
Kauffman T	hompson, F	PLLC			
		Firm(Company		_	
1990 Main 5	Street, Suitc	725			
		Address		-	
Sarasota, FL	. 34236				
	C	ity/State and Zip Code	· · · · · · · · · · · · · · · · · · ·	-	
s@omnium:	re.com				
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For further is	nformation (concerning this matter, pl	ease call:		
Gary Kauffr	nan, Esq.		941 at (479-3006)	
	Name	of Person	Area Code	Daytime Telephone Number	
	iling Addre			Street Address:	
Registration Section Division of Corporations				Registration Section Division of Corporations	
P.O. Box 6327 Tallahassee, FL 32314			The Centre of Tallahassee		
Lai	ranassee,	FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
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STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

	section 605,0209. P.S. this document is being submitted name of the limited liability company is: #BCORE M	·
FIRST: The	: noise of the limited liability company is:	
SECOND:	The Florida Document number of the limited liabi	lity company is:
THIRD:	Document to be corrected as:	on
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Cor stat	ntains an incorrect statement. The incorrect statement, t ement are as follows:	he reason the statement is incorrect, and the corrected
Art	icle V incorrectly stated a Delayed Effective Date of Janua	ary 1, 2025. The reason this statement is incorrect is
tha	t the Company needs to year business immediately. Accor	
sho	Il become effective, and the Coropany's existence shall co	
OR	•	
	s defectively signal. The manner in which the documental lows:	ar was defectively signed and the appropriate correction are
		-3
anh beraham daya		
OR		6) 4
	electronic transmission of the record was defective.	
		December 13, 2004
*******	Signature of Authorized Representative	Date
	Gary Kauffman new registered agent, if applicable ((NOTE: if correcti e designation).	ng the registered agent, the new registered agent must sign
l hereby acc pravisions o obligations d	of my position as registered agent as provided for in Ch inge in the registered affice address. Thereby confirm th	et in this capacity. I further agree to comply with the mance of my duties, and I am familiar with and accept the apter 605, F.S. Or, if this document is being filed to merely ast the limited liability company has been notified in writing
	Registered Agen	a's Signature
	Filing Fee: Certified Copy:	\$25.00 \$30.00 (optional)