

L11 000026984

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

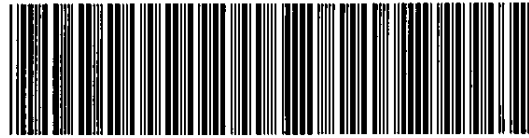
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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T. CLINE

JUL - 7 2011

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: GPI INVESTMENT GROUP, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JORGE A. RODRIGUEZ, CPA
Name of Person

J A RODRIGUEZ, CPA, LLC
Firm/Company

9100 S DADELAND BLVD., SUITE 1500
Address

MIAMI, FL 33156
City/State and Zip Code

jarcpa@me.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JEFF KINKEAD at (305) 218-4512
Name of Person Area Code & Daytime Telephone Number

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Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 Filing Fee & Certificate of Status
- \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

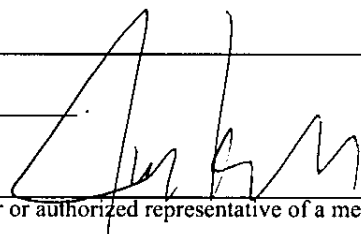
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	JEFF KINKEAD	1110 BRICKELL AVENUE SUITE 504 MIAMI, FL 33131	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	JGI FAMILY HOLDINGS LL	1225 ADUANA AVENUE CORAL GABLES, FL 33146	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	JGI POLIT HOLDINGS LLC	1225 ADUANA AVENUE CORAL GABLES, FL 33146	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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 TALLAHASSEE, FLORIDA

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated _____



Signature of a member or authorized representative of a member

JEFF KINKEAD

Typed or printed name of signee