

# L07000081418

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

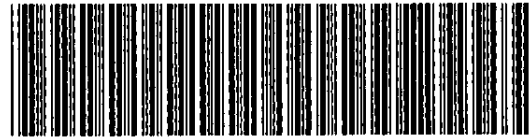
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER  
APR 12 2013

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **104 G2 INVESTMENTS, 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:

**LINDA ROTH, ESQ.**

Name of Person

**LINDA ROTH, P.A.**

Firm/Company

**2333 Brickell Avenue, Suite A-1**

Address

**Miami, FL 33129**

City/State and Zip Code

**vsuarez@msaarchitectsinc.com**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**LINDA ROTH, ESQ.**

Name of Person

at ( **305** ) **774-7070**

Area Code & Daytime Telephone Number

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

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**(Name of the Limited Liability Company as it now appears on our records.)**  
(A Florida Limited Liability Company)

Page 1 of 3

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>
MGR	DEBORAH MOURIZ	7695 SW 104 ST Suite 100	<input type="checkbox"/> Add
		Miami, FI 33156	<input checked="" type="checkbox"/> Remove
MGR	GABRIEL SALAZAR	7695 SW 104 ST Suite 100	<input type="checkbox"/> Add
		Miami, FI 33156	<input checked="" type="checkbox"/> Remove
		7695 SW 104 ST Suite 100	
MGRM	GEORGE MOURIZ	Miami, FI 33156	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

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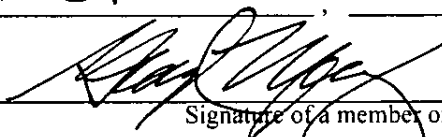
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Dated March 21, 2013

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member  
**GEORGE MOURIZ, Manager and Managing Member**  
\_\_\_\_\_  
Typed or printed name of signee

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Filing Fee: \$25.00