

L07000000/35

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

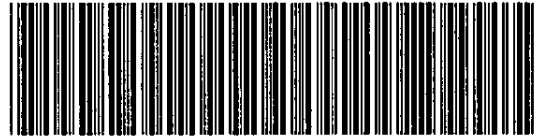
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
JAN -7 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **JACOBS ASSET 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:

Howard A. Jacobs

Name of Person

Jacobs Capital Partners, LLC

Firm/Company

916 Indian Beach Drive

Address

Sarasota, FL 34234

City/State and Zip Code

Howard@JacobsCapitalPartners.com

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

For further information concerning this matter, please call:

Howard A. Jacobs

Name of Person

at **941 358-6868**

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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TALLAHASSEE, FLORIDA
records.)

(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>
	no change		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
	no change		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
	no change		<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

no change

Dated December 29, 2012.


Signature of a member or authorized representative of a member

Howard A. Jacobs

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00