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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2012 OCT 11 AM 8:23

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J. SAULSBERRY
EXAMINER

OCT 12 2012

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ZMJ 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:

JOSE L. LORENZO

Name of Person

J.L. LORENZO, P.A.

Firm/Company

770 EAST ATLANTIC AVENUE - 2ND FL

Address

DELRAY BEACH, FL 33483

City/State and Zip Code

JLORENZOLAW@CS.COM

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

For further information concerning this matter, please call:

JOSE L. LORENZO

Name of Person

at (561)

276-8100

Area Code & Daytime Telephone Number

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TALLAHASSEE, FLORIDA

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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

ZMJ INVESTMENTS, LLC

Page 1 of 2

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	JEFFERY S. WOOSTER	3300 S. CONGRESS AVENUE BOYNTON BEACH, FL 33426	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	MALINDA L. WOOSTER	3300 S. CONGRESS AVENUE BOYNTON BEACH, FL 33426	<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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

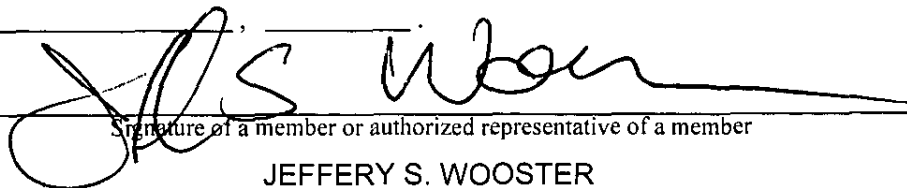
D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Dated _____



Signature of a member or authorized representative of a member

JEFFERY S. WOOSTER

Typed or printed name of signee