

L11000142 965

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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JUN - 8 2012

EXAMINER



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12 JUN - 7 PM 3:04

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MJ FINANCE 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:

PATRICK MOYAL

Name of Person

MOYAL ACCOUNTING SERVICES INC

Firm/Company

10796 PINES BLVD SUITE 204

Address

PEMBROKE PINES, FLORIDA 33026

City/State and Zip Code

MOYALACCOUNTING@GMAIL.COM

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

For further information concerning this matter, please call:

PATRICK MOYAL

Name of Person

at (954)

430-3930

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

JUN - 7 PM 3:04

and assigned

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

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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

NEW ADDRESS FOR JEAN AND MICHELLE DETROYAT

5 RUE BARTHELEMY THIMONIER

TASSIN LA DEMIE LUNE 69160 FRANCE

Dated JANUARY 1, 2012

①

Signature of a member or authorized representative of a member

②

JEAN-Henri Marius Detroyat

Typed or printed name of signee