

L120000083783

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

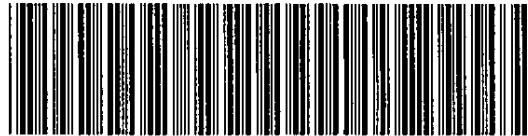
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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AND
FILED

D. BRUCE

JUL 25 2012

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PMP 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:

MILAN CYPRICH

Name of Person

Firm/Company

620 S. PRIMROSE DR.

Address

ORLANDO,FLORIDA 32803

City/State and Zip Code

milancyprich@yahoo.com

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

For further information concerning this matter, please call:

MILAN CYPRICH

Name of Person

at (321)

9457261

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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PMP INVESTMENT GROUP,LLC

Page 1 of 2

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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

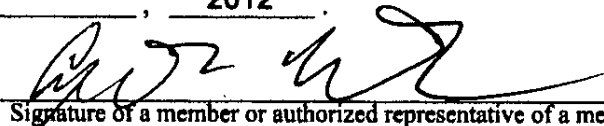
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	ANGELINA CYPRICH	620 SOUTH PRIMROSE DR. ORLANDO, FLORIDA 32803	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	PETR JANOUCH	3826 E. MICHIGAN ST. ORLANDO, FLORIDA 32812	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	PAVEL GOTVALD	3826 E. MICHIGAN ST. ORLANDO, FL. 32812	<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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TALLAHASSEE, FLORIDA

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Dated JULY 16, 2012


Signature of a member or authorized representative of a member

MILAN CYPRICH

Typed or printed name of signee