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2013 MAY 29 PH 12: 0: SECRETARY OF STATE

B. BOSTICK

MAY 3 0 2013

**EXAMINER** 

#### **COVER LETTER**

TO:

Registration Section
Division of Corporations

PLJ INVESTMENT GROUP, LLC

SUBJECT:

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:

## C/O LAWRENCE J PERCOCO

Name of Person

## PLJ INVESTMENT GROUP, LLC

Firm/Company

### 1222 SE PORT ST LUCIE BLVD

Address

#### PORT ST LUCIE FL 34952

City/State and Zip Code

#### LEAGROUP@BELLSOUTH.NET

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

For further information concerning this matter, please call:

### LAWRENCE J PERCOCO

Name of Person

772 215-3086

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

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

#### PLJ INVESTMENT GROUP, LLC

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

The Articles of Organization for this Limited Liabil	ity Company were filed on MAY 21, 201	3 and assigned	
Florida document number L13000074263	'·		
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of the	e limited liability company here:		
The new name must be distinguishable and end with the "L.L.C."	e words "Limited Liability Company," the design	gnation "LLC" or the abbreviation	
Enter new principal offices address, if applicable	<u> </u>		
(Principal office address MUST BE A STREET A	DDRESS)	A S 013	
	<del></del>	CRE NA	
		29 29 88	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>		
B. If amending the registered agent and/or registered agent and/or the new registered office		, enter the name of the new	
Name of New Registered Agent:	<del></del>		
New Registered Office Address:			
	Enter Florida street address		
_	, Florida		
_	City	Zip Code	

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

MGMR JASON PRISCO 2542 SE CALADIUM A	VE Add
PORT ST LUCIE FL 34	952 Remove
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Page 3 of 3

Filing Fee: \$25.00

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