

L13000074263

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

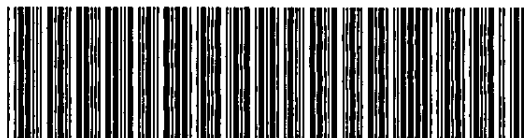
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2013 MAY 29 PM 12:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B. BOSTICK

MAY 30 2013

EXAMINER

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: PLJ 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:

**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** at **(772) 215-3086**

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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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**PLJ INVESTMENT GROUP, LLC**

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>
MGMR	JASON PRISCO	2542 SE CALADIUM AVE	<input type="checkbox"/> Add
		PORT ST LUCIE FL 34952	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove

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

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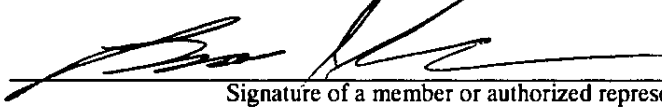
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Dated MAY 24, 2013



Signature of a member or authorized representative of a member

**LAWRENCE J PERCOCO**

Typed or printed name of signee

**Page 3 of 3**

**Filing Fee: \$25.00**

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TALLAHASSEE, FLORIDA**