

11/20/2014 10:31 AM FROM: 3053880076

TO: 8506176383

P. 1

11/19/2014

Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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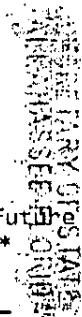
Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : MONEY TRUST FINANCIAL SERVICES, LLC
Account Number : I20140000079
Phone : (305)387-0076
Fax Number : (305)388-0076

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: cjm@mtats.com



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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
LJP GROUP, LLC.**

Certificate of Status	0
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Page Count	06
Estimated Charge	\$25.00

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November 20, 2014

FLORIDA DEPARTMENT OF STATE
Division of Corporations

LJP GROUP, LLC.
6910 NW 46 ST
MIAMI, FL 33166

SUBJECT: LJP GROUP, LLC.
REF: L14000046120

2014 NOV 20 PM12:14
FLORIDA DEPARTMENT OF STATE
REGISTRATION AND
INVESTIGATIVE SERVICES
REGISTRATION
INVESTIGATIVE SERVICES

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The effective date must be specific and cannot be prior to the date of filing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce
Regulatory Specialist II

FAX Aud. #: H14000268776
Letter Number: 414A00024690

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LJP 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:

Name of Person
Money Trust Financial Services, LLC
Firm/Company
14335 SW 120 ST STE 110
Address
MIAMI, FL 33186
City/State and Zip Code
cjm@mtats.com
E-mail address: (to be used for future annual report notification)

FLORIDA
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

Carlos Martinez
at (305) 387-0076
Name of Person 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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(FAX)305 359 3987

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

LJP 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 Liability Company were filed on 3/13/2014 and assigned.
Florida document number L14000046120.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

373 NE 26 Place

STE 203

Homestead, FL 33033

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

373 NE 26 Place

STE 203

Homestead, FL 33033

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Raul Londono Sosa..

New Registered Office Address:

373 NE 26 Place

Enter Florida street address

Homestead

, Florida

33033

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 605, 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.

Raul Londono Sosa
If Changing Registered Agent, Signature of New Registered Agent

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	John Grisales	6910 NW 46 Street Miami, FL 33166	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Pablo Grisales	6910 NW 46 Street Miami, FL 33166	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Luis E Herrera Correa	6910 NW 46 Street Miami, FL 33166	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Raul Londono Sosa	373 NE 26 Place Homestead, FL 33033	<input type="checkbox"/> Add <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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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: _____ (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after
the date this document is filed by the Florida Department of State)

Dated November 18 2014

Raul Londono Sosa

Signature of a member or authorized representative of a member:

Raul Londono Sosa

Typed or printed name of signee

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FLORIDA
STATE OF
TALLAHASSEE, FLORIDA

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