

#L15000009483

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

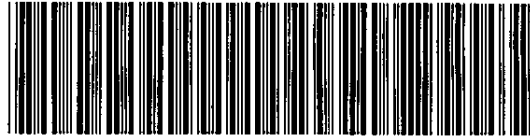
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER  
FEB 16 2015

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** THE ECHELON 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:

JAMES THOMAS BAILEY

Name of Person

THE ECHELON INVESTMENT GROUP LLC

Firm/Company

521 WEST FORSYHT STREET

Address

JACKSONVILLE FLORIDA 32277

City/State and Zip Code

ECHELONGROUP2014@GMAIL.COM

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

For further information concerning this matter, please call:

JAMES THOMAS BAILEY

904 612-4632

Name of Person

at ( )

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

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>
PRES	CALVIN R. LAWSON	4110 PINEY CREEK LANE WEST	<input type="checkbox"/> Add
		JACKSONVILLE FLORIDA 32277	<input checked="" type="checkbox"/> Remove
PRES	TUT ANKH AMUN EL	4110 PINEY CREEK LANE WEST	<input checked="" type="checkbox"/> Add
		JACKSONVILLE FLORIDA 32277	<input type="checkbox"/> Remove
SEC	AMUR MASHUG EL	401 HAWTHORNE LANE SUITE 161	<input checked="" type="checkbox"/> Add
		NORTH CAROLINE REPUBLIC	<input type="checkbox"/> Remove
TRES	CHARLES SHANNON	455 RAST STREET	<input checked="" type="checkbox"/> Add
		SUMTER SC. 29150	<input type="checkbox"/> Remove
VP	REYNALDO ORTA HERNANDEZ	5638 MARATHON PARKWAY	<input checked="" type="checkbox"/> Add
		JACKSONVILLE FLORIDA 32244	<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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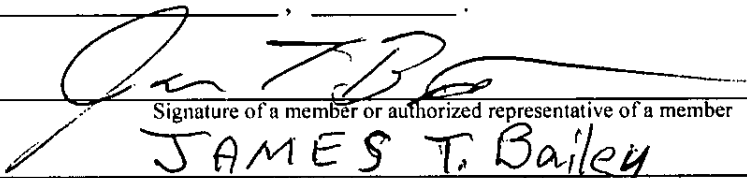
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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 JANUARY 29, 2015

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member  
JAMES T. Bailey  
\_\_\_\_\_  
Typed or printed name of signee

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