

L15000021835

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

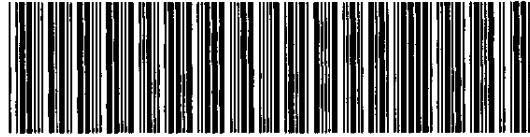
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
2015 MAY -1 PM 3:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LJ PROPERTY INVESTMENTS 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:

NIRVANDO C BATISTA

Name of Person

TAX CONTROLLER INC

Firm/Company

750 E SAMPLE RD BLDG 3 BAY 5

Address

POMPANO BEACH FL 33064

City/State and Zip Code

JR@TAXCONTROLLER.COM

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

For further information concerning this matter, please call:

NIRVANDO BATISTA

954 301 1848
at ()

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

Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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>
MGR	LUCIANO F DE ALMEIDA	RUA ANTONIO OTTO DE	<input type="checkbox"/> Add
		SOUZA 11 APT 104	<input checked="" type="checkbox"/> Remove
		MACAE RJ 27920-010 BR	<input type="checkbox"/> Change
MGR	JEFERSON JOAO GON	AVENIDA GUADALAJARA	<input type="checkbox"/> Add
		N 1176 APT 503	<input type="checkbox"/> Remove
		MACAE, RJ 27923-220 BR	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

PLEASE NOTE I AM CHANGING HOW MY NAME REFLECTS ON SECTION ABOVE.

THE ORIGINAL ARTICLES WERE FILED AS JEFERSON J GON. I WOULD LIKE TO HAVE IT REFLECT

JEFERSON JOAO GON. FIRST NAME: JEFERSON JOAO. LAST NAME: GON.

PLEASE MAKE NECESSARY ADJUSTMENTS.

THANKS IN ADVANCE.

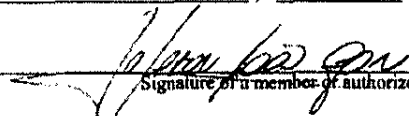
E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at: 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated APRIL 29TH, 2015



Signature of a member or authorized representative of a member

JEFERSON JOAO GON

Typed or printed name of signee

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TALLAHASSEE, FLORIDA