

L150000

95154

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

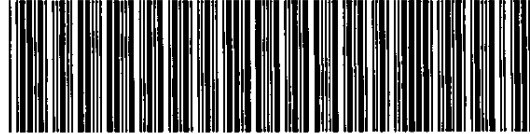
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

D. BRUCE
NOV 02 2016

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: GLJ 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:

ANDRES MONROY

Name of Person

MONROY & CO PA

Firm/Company

13831 SW 59TH STREET SUITE 101

Address

MIAMI, FL 33183

City/State and Zip Code

info@monroycopa.com

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

For further information concerning this matter, please call:

ANDRES MONROY

305 749-5555
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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GLJ INVESTMENT GROUP, LLC

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 | GEORGE JACOB | 525 E. JACKSON ST. APT. 702 | <input type="checkbox"/> Add |
| | | ORLANDO, FL 32810 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | GLJ FAMILY TRUST | 16850 COLLINS AVE | <input checked="" type="checkbox"/> Add |
| | | SUITE 112-246 | <input type="checkbox"/> Remove |
| | | SUNNY ISLES BEACH FL 33160 | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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TALLAHASSEE, FLORIDA

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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 OCTOBER 24, 2016

George Jacob

Signature of a member or authorized representative of a member

GEORGE JACOB

Typed or printed name of signee