

L15000182454

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

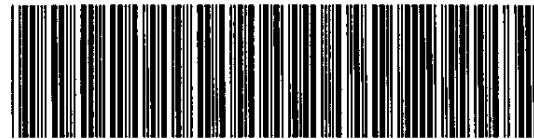
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000290298320

09/26/16--01021--002 **25.00

FILED
2016 SEP 26 PM 4:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY

SEP 27 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JMT GROUP 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:

FERNANDA SILVA

Name of Person

A&F FINANCIAL LLC

Firm/Company

4851 W HILLSBORO BLVD STE#A2

Address

COCONUT CREEK , FL , 33073

City/State and Zip Code

AF-FINANCIAL@AF-FINANCIAL.COM

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

For further information concerning this matter, please call:

FERNANDA SILVA

Name of Person

at (754)

Area Code

205-9371

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

FILED
2016 SEP 26 PM 4:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(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>
AMBR	MARIA LUCIA DE MELO	4334 NW 4TH AVE	<input type="checkbox"/> Add
		POMPANO BEACH , FL , 33064	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
2016 SEP 26 PM 4:40
CLERK OF SUPERIOR COURT
ALBANY, N.Y.

2016 SEP 26 PM 7
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
2016 SEP 26 PM 4:40
FEDERAL BUREAU OF INVESTIGATION
U.S. DEPARTMENT OF JUSTICE
WASHINGTON, D.C. 20535

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 September 14, 2016

x José María de Paula x Telma Abreu
Signature of a member or authorized representative of a member

JOSE MARIA DE PAULA / TELMA ABREU
Typed or printed name of signee

State of Florida
County of Duval
On this 19 day of September 2016

Page 3 of 3

before me personally appeared JOSE MARIA DE PAULA (CONSULAR ID# 3050017206) and TELMA L. PEREIRA FORMIGA ABREU to me known to be the person who executed the foregoing instrument, and acknowledged that he executed the same as his free act and deed. Passport # YB319099

SEAL (signed) [Signature]
NOTARY PUBLIC

