

L16000068946

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

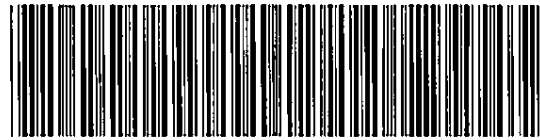
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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17 AUG 14 PM 5:19

DIVISION OF CORPORATIONS

C. SIMMONS
AUG 16 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 3, 2017

JOHANNES CUSSONS JR
4827-3 PHILLIPS HWY
JACKSONVILLE, FL 32207

SUBJECT: JCC CAPITAL GROUP LLC
Ref. Number: L16000068946

RECEIVED
2017 AUG 14 PM 3:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for JCC CAPITAL GROUP LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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

Octavia L Simmons
Regulatory Specialist II

Letter Number: 717A00015781

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JCC CAPITAL GROUP LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fees) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOHANNES CHRISTIAN CUSSONS JNR

Name of Person

JCC CAPITAL GROUP

Firm/Company

4827-3 PHILLIPS HWY

Address

JACKSONVILLE, FLORIDA, 32207

City/State and Zip Code

chris@jccgroup.us

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

For further information concerning this matter, please call:

JC CUSSONS

904 613 7277

at ()

Name of Person

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 &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

JOINT CAPITAL GROUPS

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	JOHANNES CHRISTIAN CUSSO	14573 HAREWOOD CT	<input checked="" type="checkbox"/> Add
	<i>Johannes Christian Cusso Jr</i>	JACKSONVILLE	<input type="checkbox"/> Remove
		FLORIDA, 32258	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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DIVISION OF CORRECTIONS
 17 AUG 14 PM 5:19

FILED

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

17 AUG 14 PM 5:19
DIVISION OF CONSERVATION

FILED

F. 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 605.0297 (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

8/12/2017

Signature of a member or authorized representative of a member

Typed or printed name of signee

Johannes Christian Cussons SK