

L20 000 181747

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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☐

MAIL

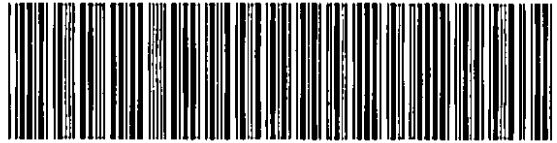
(Business Entity Name)

(Document Number)

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2020 JUL 27 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FL

D. BRUCE
SEP 15 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: J&O INVESTMENT 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:

Dunchy Louis

Name of Person

MLJ Investment Group LLC

Firm/Company

3432 Meadow Breeze Loop

Address

Ocoee, FL 34761

City/State and Zip Code

dlouis2001@yahoo.com

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

For further information concerning this matter, please call:

Dunchy Louis

856
at ()

345-9562

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

SECRETARY OF STATE
TALLAHASSEE, FL

2020 JUL 27 AM 8:00

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

J&O INVESTMENT GROUP LLC

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

The Articles of Organization for this Limited Liability Company were filed on June 29, 2020 and assigned
Florida document number L20000181747.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

MLJ INVESTMENT GROUP LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable: _____

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: _____

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida street address

_____, Florida
City

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TALLAHASSEE, FL
SECRETARY OF STATE
App. Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

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 | Dunchy Louis | 3432 Meadow Breeze Loop | <input type="checkbox"/> Add |
| | | Ocoee, FL 34761 | <input type="checkbox"/> Remove |
| | | | <input checked="" type="checkbox"/> Change |
| AMBR | Kerson Jean-Charles | 16173 Yelloweyed Dr | <input checked="" type="checkbox"/> Add |
| | | Clermont, FL 34714 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | MacDerson Louis | 330 Iannelli Rd | <input checked="" type="checkbox"/> Add |
| | | Clarksboro, NJ 08020 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | Lens Meessler Martial | 903 Buffalo Street | <input checked="" type="checkbox"/> Add |
| | | Olean, NY 14760 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |

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 TALLAHASSEE, FL

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

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TALLAHASSEE, FL

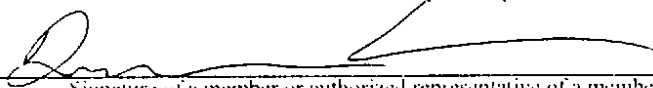
E. Effective date, if other than the date of filing: _____ (optional)

(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 July 20, 2020.



Signature of a member or authorized representative of a member

Dunchy Louis

Typed or printed name of signee

Filing Fee: \$25.00