

121000357823

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

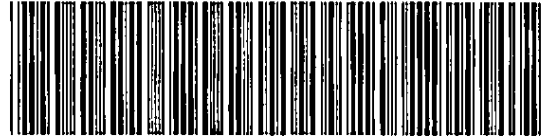
(Business Entity Name)

(Document Number)

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10/18/21--01030--001 **25.00

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T. MATTHEWS

OCT 27 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AMJ Investments 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:

Mairim Abdemur
Name of Person

AMJ Investments Group LLC
Firm/Company

7783 NW 166 Ter
Address

Miami Lakes, FL 33016
City/State and Zip Code

mairim1127@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mairim Abdemur at (786) 414-6459
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

AMJ Investments Group LLC

(A Florida Limited Liability Company)

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

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<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>P</u>	<u>Mairim Abdemur</u>	<u>7783 NW 166 Ter</u>	<input type="checkbox"/> Add
		<u>Miami Lakes FL 33016</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>MGR</u>	<u>Abraham Abdemur</u>	<u>2751 Executive Park Dr.</u>	<input checked="" type="checkbox"/> Add
		<u>Suite 203</u>	<input type="checkbox"/> Remove
		<u>Weston, FL 33331</u>	<input type="checkbox"/> Change
<u>AMBR</u>	<u>Mairim Abdemur</u>	<u>2751 Executive Park Dr.</u>	<input checked="" type="checkbox"/> Add
		<u>Suite 203</u>	<input type="checkbox"/> Remove
		<u>Weston, FL 33331</u>	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

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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 1, 2021.



Signature of a member or authorized representative of a member

Mairim Abdemur

Typed or printed name of signee