

L220000436977

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

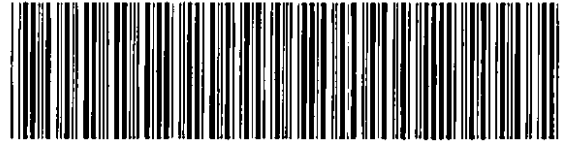
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/19/23--01011--014 **30.00

2023 SEP 19 AM 9:43

A. PARISHANI

OCT 01 2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MNJ INVESTMENT GROUP, LLC

Name of Limited Liability Company

2023 SEP 19 AM 9:43

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOHNSON, NATASHA

Name of Person

NATASHA, JOHNSON

Firm/Company

774 NW 103 TER APT 101

Address

PEMBROKE PINES, FL 33026

City/State and Zip Code

MNJINVESTMENT20@GMAIL.COM

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

For further information concerning this matter, please call:

JOHNSON, NATASHA

786

2464074

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 Address:

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

2023 SEP 19 AM 9:46

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


<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	CUELLAR, MICHAEL	800 SW 131st AVE APT F105	<input checked="" type="checkbox"/> Add
		PEMBROKE PINES, FL 33027	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JOHNSON, NATASHA	774 NW 103 TER APT 101	<input type="checkbox"/> Add
		PEMBROKE PINES, FL 33026	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			2023 <input checked="" type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			11/19/24 <input checked="" 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

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

2023 SEP 19 AM 9:44

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 09/12 2023


Signature of a member or authorized representative of a member

JOHNSON, NATASHA

Typed or printed name of signee