

L23000215735

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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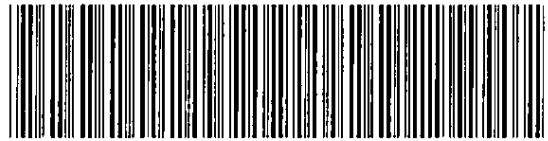
(Business Entity Name)

(Document Number)

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cf 7/24/2023

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: RJGM 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:

Ricardo Grimaldo

Name of Person

RJGM GROUP, LLC

Firm/Company

4301 S Flamingo Rd Suite 106 PMB 1047

Address

Davie, FL 33330

City/State and Zip Code

ricardo@rjgmgroup.com

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

For further information concerning this matter, please call:

Ricardo Grimaldo

954 655-0322
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

5. 10

(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>
MNG	RICARDO GRIMALDO	4301 S Flamingo Rd Suite 106 PMB 1047	<input checked="" type="checkbox"/> Add
		Davie, FL 33330	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	RAISA RESSEGER	18820 Stewart Cir	<input type="checkbox"/> Add
		Boca Raton, FL 33496	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AP	MARIEL RIVER BELLO	9950 NW 6th CT	<input type="checkbox"/> Add
		PLANTATION, FL 33324	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AP	FERNANDO AGUERO	5157 NE 4th Ter	<input type="checkbox"/> Add
		Fort Lauderdale, FL 33334	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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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.

2023

Signature of a member or authorized representative of a member

Ricardo J. Grimaldo

Typed or printed name of signee

Filing Fee: \$25.00