

L 03000037505

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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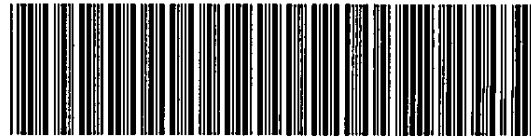
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EPH 7/24/14

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **CHATZKY, 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:

T.J. HEINEMANN, ESQ.

Name of Person

THE KARP LAW FIRM, P.A.

Firm/Company

2875 PGA BOULEVARD

Address

PALM BEACH GARDENS, FL 33410

City/State and Zip Code

dkarp@karplaw.com

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

For further information concerning this matter, please call:

T.J. HEINEMANN

Name of Person

at

561 625-1100

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount: **MAKE CHECK PAYABLE TO: FLORIDA DEPARTMENT OF STATE**

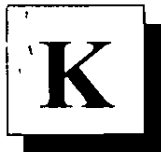
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|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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



THE KARP LAW FIRM

A Professional Association

Elder Law • Estate Planning & Administration • Probate • Disability, Special Needs, Medicaid & Veterans Benefits Planning

JOSEPH S. KARP

Florida Certified Elder Law Specialist
Certified Elder Law Attorney, Natl. Elder Law Foundation
Member, FL & NY Bar

GENNY BERNSTEIN

Florida Certified Elder Law Specialist

GINA GRANDINETTE

ADELE SMALL HARRIS

T. J. HEINEMANN, LL.M.

Of Counsel

RACHEL GOLDSTEIN ZETOUNI

*Please Reply to:
Palm Beach Gardens*

ADMINISTRATOR
Audrey L. Yeager, CFP

July 21, 2014

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Articles of Amendment

To Whom it May Concern:

Enclosed for filing, please find the following Articles of Amendment to Articles of Organization of Chatzky, LLC.

Also enclosed is this firm's check #70757 in the amount of \$25.00 representing the filing fee for the above Articles of Amendment.

Should you have any questions, or need anything further, please do not hesitate to contact our office.

Very truly yours,

Lynn Merone
Estate Planning Assistant
Direct: (561) 472-7480
Email: lmerone@karplaw.com

/s/ lam
Enclosures

Quantum Park, Suite 203
2500 Quantum Lakes Drive
Boynton Beach, FL 33426
(561) 752-4550 Fax: (561) 625-0060

2875 PGA Boulevard, Suite 100
Palm Beach Gardens, FL 33410-2910
(561) 625-1100 Fax: (561) 625-0060
(Main Office)

Seacoast Banking Centre
Suite 102
1100 S. W. St. Lucie West Boulevard
Port St. Lucie, FL 34986
(772) 343-8411 Fax: (561) 625-0060

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TALLAHASSEE, FLORIDA

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

CHATZKY, 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 OCTOBER 1, 2003 and assigned Florida document number L03000037505.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

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)

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TALLAHASSEE, FLORIDA

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 *Zip 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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	DEBORAH C. KARP	553 GREENWAY DRIVE	<input checked="" type="checkbox"/> Add
		NORTH PALM BEACH, FL 33408	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

THE MEMBERS FILE THESE AMENDED ARTICLES OF ORGANIZATION TO

FORMALLY CONVERT THE REFERENCED ENTITY FROM A MEMBER-MANAGED

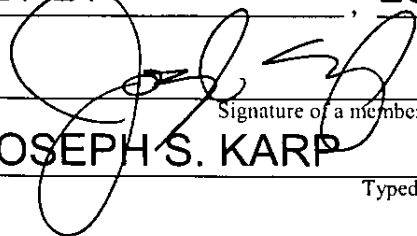
COMPANY TO A MANAGER-MANAGED COMPANY. ADDITIONALLY, DEBORAH C. KARP

IS BEING ADDED AS A MANAGER OF THE COMPANY.

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

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated JULY 21, 2014



Signature of a member or authorized representative of a member

JOSEPH S. KARP

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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