## Florida Department of State

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Fax Number : (850)617-6383

Account Name : GARY, DYTRYCH & RYAN, P.A.

Account Number: I19990000255

: (561)844-3700 Number : (561)844-2388

AMND/RESTATE/CORRECT OR M/MG RESIGN

PJS DEVELOPMENT 2, LLC

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SEP 2 4 2008

**EXAMINER** 

## **COVER LETTER**

TO: Registration Section
Division of Corporations

SUBJECT: PJS DEVELOPMENT 2, 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:

Alys Nagier Daniels, Esq.	
(Name of Person)	
Gary, Dytrych & Ryan, P.A.	
(Firm/Company)	
701 U.S. Hwy. One, Ste. 402	
(Addrese)	
N. Palm Beach, FL 33408	
(City/State and Zip Code)	

For further information concerning this matter, please call:

Alys Nagler Daniels, Esq.

(Name of Person)

at (561 ) 844-3700

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

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☐\$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

((C HO 8 000 2 20 903 3)))

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PJS DEVELOPMENT 2, LLC		
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our rec	rords.)
(2.1.33322 2-2.1.1)		
The Articles of Organization for this Limited Liability Company	y were filed on April 21, 2008	and assigned
Florida document number L08000039978		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	<u>bility company here</u> :	
The new name must be distinguishable and end with the words "Lin"L.L.C."	nited Liability Company," the desi	ignation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		SE 200
	<u> </u>	
		P 2
Enter new mailing address, if applicable:	<u> </u>	
(Mailing address MAY BE A POST OFFICE BOX)	,	77 > 77
		OF W
	· · ·	<u>6</u>
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address he		s, enter the name of the new
	_	
Name of New Registered Agent:		
New Registered Office Address:		
	(Enter Florida	street address)
		torida
•	(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 608, 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)

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(CH08000 220903 3)))

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

Title	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	Peter J. Sangermano, Jr.	244 Locha Drive Jupiter, FL 33458	Add Remove
MGRM	Peter J. Sangermano, III	53 Burbank Road Sutton, Massachusetts 01590	Add Remove
MGR	Peter J. Sangermano, Jr.	244 Locha Drive Jupiter, FL 33458	Add Remove
MGR	Peter J. Sangermano, III	53 Burbank Road Sutton, Massachusetts 01590	m[7] Add m☐ Remove
<del></del>			Add Remove
			Add Remove
<u>s</u>	ection 4 is deleted in its entirety and	change(s) here: (Attach additional sheets, if necessin its place and stead the following is added:  ess of the Company is to be managed by one or a	
	nanagers, and is therefore a manag		
Dated		2008  SEE  Control of a member	FILE!
	Peter J. Sangerma	ino, III	& O
		Typed or printed name of signee	الملا

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Filing Fee: \$25.00