# L08000061485

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# STUBBS LAW FIRM, L.L.C.

Attorneys and Counselors at Law THE HARDING CENTER 1018 HARDING STREET • SUITE 103 LAFAYETTE, LOUISIANA 70503 www.stubbslavvfirm.com

J. TODD KINDLER

TELEPHONE: (337) 233-9755 FACSIMILE: (337) 233-9771

July 17, 2014

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

Re: COJAK INVESTMENTS OF FLORIDA, L.L.C.

Dear Sir or Madam:

Please find attached the Articles of Amendment to the Articles of Organization of the captioned limited liability company. Please record these instruments in your office and return a date-stamped copy.

Our check for your \$25.00 filing fee is enclosed, along with a self-addressed, stamped envelope.

Thank you for your cooperation in this and all matters.

Very truly yours,

J. Todd Kindler

ks

Enclosures

# **COVER LETTER**

TO:	Registration Sec Division of Corp			
SURIE	Cojak	Investments	of Florida, L	LC
SOBJE	<u>-</u>		ited Liability Company	
		amendment and fee(s) are sub-	•	
		J. Todd Kind	ller	
		Stubbs Law	Name of Person Firm, LLC	
		P.O. Box 51	Firm/Company 20	
			Address	
		Lafayette, Lo		505-1201
		todd@stubbslawfi		
F 6			to be used for future annual re	port notification)
	Fodd Kin	ncerning this matter, please ca	<sub>at (</sub> 337 <sub>.)</sub> 23	33-9755
	Name of		at () Area Code	Daytime Telephone Number
Enclos	ed is a check for th	e following amount:		
■ \$2.	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy	□ \$60.00 Filing Fee, Certificate of Status &

## MAILING ADDRESS:

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

## STREET/COURIER ADDRESS:

Certified Copy

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tailahassee, FL 32301

(additional copy is enclosed)

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	restments of Florida, LLC		
(Name of the Limited Li (A Fl	ability Company as it now appears on our records.) orida Limited Liability Company)		
The Articles of Organization for this Limited Liabili Florida document number L0800061485	ity Company were filed on 06/23/2008	and ass	igned
This amendment is submitted to amend the followin	g:		
A. If amending name, enter the new name of the	limited liability company here:		
Cojak Investments of Panama City E	Beach, LLC		
The new name must be distinguishable and end with the words	*	abbreviation "I	L.L.C."
Enter new principal offices address, if applicable	:		
(Principal office address MUST BE A STREET A			
Trincipus office unuress most be A STREET A	<i></i>		
T. 4			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>		
		. <del>~;</del>	
B. If amending the registered agent and/or r		the name	of the nev
registered agent and/or the new registered office	address here:		•
		TASE C	,
Name of New Registered Agent:		RY SSE	<u> </u>
			2
New Registered Office Address:	Enter Florida street address		_ *
	Emer Florida Street address		>
	, Florida	<u> </u>	'1
	City	7in 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 = Ms $AMBR = As$	anager athorized Member		
<u>Title</u>	Name	Address	Type of Action
			Add
			□ Remove
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			Remove 1 PM
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			·
	<del></del>		□ Add
			□ Remove

If amend	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	· · · · · · · · · · · · · · · · · · ·
	<del></del>
(The effective	date, if other than the date of filing:
Dated	is document is filed by the Florida Department of State)
Dated	ant N. BOO
	Signature of a member or authorized representative of a member
	Jacob N. Alleman
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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SECRETARY OF STATE

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