

L08000061485

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

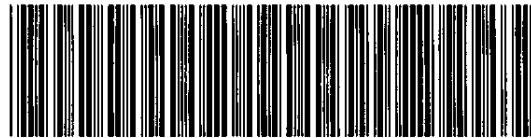
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TALLAHASSEE, FLORIDA

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7/22/14



**STUBBS LAW FIRM, L.L.C.**

*Attorneys and Counselors at Law*  
THE HARDING CENTER  
1018 HARDING STREET • SUITE 103  
LAFAYETTE, LOUISIANA 70503  
[www.stubbslawfirm.com](http://www.stubbslawfirm.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 Section  
Division of Corporations

SUBJECT: **Cojak Investments of Florida, 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:

**J. Todd Kindler**

Name of Person

**Stubbs Law Firm, LLC**

Firm/Company

**P.O. Box 5120**

Address

**Lafayette, Louisiana 70505-1201**

City/State and Zip Code

**todd@stubbslawfirm.com**

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

For further information concerning this matter, please call:

**J. Todd Kindler**

Name of Person

at **337 233-9755**

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

**Cojak Investments of Florida, LLC**

Page 1 of 3

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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

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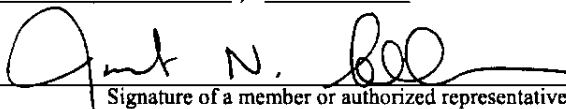
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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 17, 2014.



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

FILED  
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TALLAHASSEE, FLORIDA