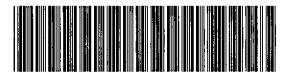
*L08000061485

(Re	equestor's Name)	
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AND ANASSEF, FLORIDA

REC 18 2014

COVER LETTER

T		gistration Serision of Cor			
CT.	·	COJAK I	NVESTMENTS OF PAI	NAMA CITY BEACH, LLC	
St	ЉЈЕСТ:		Name of Limi	ted Liability Company	
Th	ie enclose	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Pl	ease return	all correspo	ndence concerning this matter	to the following:	
	,		J. Todd Kindler		
			 	Name of Person	
			Stubbs Law Firm		
				Firm/Company	
			P. O. Box 51201		
				Address	
			Lafayette, Louisiana	70505-1201	
				City/State and Zip Code	
			E-mail address: (t	to be used for future annual report notific	ation)
Fo	r further i	nformation co	oncerning this matter, please ca	all:	
T	odd Kin			337 233-9755	Felephone Number
		Name of	f Person	Area Code Daytime	Felephone Number
En	closed is	a check for th	e following amount:		
	\$25.00 I	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/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED
2014 DEC 12 PM 4:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COJAK INVESTMENTS OF PANAMA CITY BEACH, 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 Lie Florida document number <u>L08000061485</u>	ability Company were filed on June 23, 2008	and assigned
This amendment is submitted to amend the follo	wing:	
A. If amending name, enter the new name of	the limited liability company here:	
The new name must be distinguishable and end with the w	words "Limited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applica	able:	
(Principal office address MUST BE A STREET	T ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I		
B. If amending the registered agent and/or the new registered off	or registered office address on our records, fice address here:	enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
•	, Flori	
	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>	Address	Type of Action
MGR	John D Gielen	1414 North Avenue C	
		Crowley, Louisiana	■ Remove
Managi	Jacob Alleman	11535 Hutchison Blvd.	
		Building A-2, Suite 100	Remove
		Panama City Beach, Florida 32407	
MGR	Jacob Alleman	1228 Camellia Blvd.	■ Add
		Suite C	□ Remove
		Lafayette, Louisiana 70508	
MGR	John Cody Gielen	1228 Camellia Blvd.	■ Add
		Suite C	□ Remove
		Lafayette, Louisiana 70508	
			ZAMURCON PH 4: 02 Remove Remove

The bus	siness of the limited liability company shall	be managed by one or more
manage	ers, whose identity is on file with the Florid	a Secretary of State.
	nif other than the date of filing: must be specific, cannot be prior to date of receipt or filed date ument is filed by the Florida Department of State)	(optional) and cannot be more than 90 days after
the date this docu		(optional) and cannot be more than 90 days after
the date this docu	December 5 , 2014	
	ment is filed by the Florida Department of State)	presentative of a member

Page 3 of 3

Filing Fee: \$25.00

