

LO8000111561

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

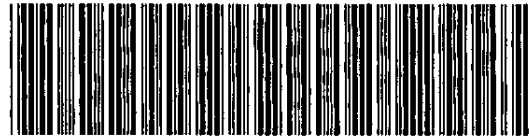
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300247175523

04/26/13--01020--023 \*\*60.00

APR 29 2013

CLINE

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2013 APR 26 PM 1:16

FILED

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: PULASKI STREET, 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:

**James Wojcek**

Name of Person

Firm/Company

**65 High Ridge Rd, PMB 482**

Address

**Stamford, CT 06905**

City/State and Zip Code

**jwojcek@earthlink.net**

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

For further information concerning this matter, please call:

**James Wojcek**

Name of Person

at **(203) 331-5210**

Area Code & Daytime Telephone Number

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2013 APR 26 PM 1:16

FILED

Enclosed is a check for the following amount:

☐ \$25.00 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**

PULASKI STREET, 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 12/04/2008 and assigned  
Florida document number L08000111561.

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 "L.L.C."

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)**

FILED  
2013 APR 26 PM 1:16  
SECRETARY OF STATE  
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:

James Wojeck

New Registered Office Address:

9190 August Circle

*Enter Florida street address*

St Augustine

*City*

Florida 32080

*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.*

*James Wojeck*  
James Wojeck  
If Changing Registered Agent, Signature of New Registered Agent

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
mgrm	Dominion Asset Management, Inc	1965 A1A South PMB 160	<input type="checkbox"/> Add
		St Augustine, FL 32080	<input checked="" type="checkbox"/> Remove
mgrm	James Wojeck	9190 August Circle	<input checked="" type="checkbox"/> Add
		St Augustine, FL 32080	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
2017 APR 20 PM 1:36  
FILED

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

---

---

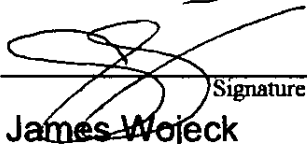
---

---

---

Dated

4/18/13



Signature of a member or authorized representative of a member

James Wojack

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED  
2013 APR 26 PM 1:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA