## 209000041777

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SECULIARY OF CONFORMING

SEP 2 4 2012 T. HAMPTON

## **COVER LETTER**

TO:

**Registration Section** 

Division of Corporations						
SUBJECT:		PJKD MGR, LLC				
	Name of Limited Liability Company					
The enclosed Ar	ticles of Ame	endment and fee(s) are sub	mitted for filing.			
Please return all	corresponder	nce concerning this matter	to the following:			
		SCOTT DISALVO				
	-	Name of Person				
		PJKD MGR, LLC				
	_	Firm/Company				
	1760 N JOG ROAD STE 150					
	_	Address				
		MEGT	DALMOEAG	1 51 00444		
	-	VVEST	PALM BEACH City/State and Zip			
		SDIS	SALVO@D-AC			
E-mail address: (to be used for future annual report notification)						
For further infor	mation conce	erning this matter, please c	all:			
	COOTT	DISALVO	FC1	e.	50 1177	
-	Name of Per	DISALVO	at ( <u>561</u>	) 65 en Code & Daytime T	Celephone Number	
				·		
Enclosed is a ch	eck for the fo	llowing amount:				
\$25.00 Filing		\$30.00 Filing Fee &	\$55.00 Filing	r Fee &	\$60.00 Filing Fee,	
<b>[♥]</b> \$25.00 Fining	gree L	Certificate of Status	Certified C	ору	Certificate of Status &	
			(additional	copy is enclosed)	Certified Copy (additional copy is enclosed)	
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			REET/COURIE	R ADDRESS:		
		Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301				

## ARTICLES OF AMENDMENT TO SECRETARY OF STATE ARTICLES OF ORGANIZATION DIVISION OF CORRECTABLES OF

OF 12 SEP 21 PM 12: 14

	PJKD MGR, LLC	
( <u>Name of the Limited</u> (A	Liability Company as it now app Florida Limited Liability Compan	ears on our records.)
(, 1	Tionau Billinea Biaoliny Compan	,
The Articles of Organization for this Limited Lia	ability Company were filed on _	APRIL 30, 2009 and assigned
Florida document numberL09000041	<del>777</del> .	
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 "L.L.C."	n the words "Limited Liability Con	npany," the designation "LLC" or the abbreviation
Enter new principal offices address, if applica	ble:	
(Principal office address MUST BE A STREE)	TADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE I	BOX)	
B. If amending the registered agent and/oregistered agent and/or the new registered of		n our records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		Enter Florida street address
		Liner Proridu Street dadress
	City	, Florida Zip Code
	~ <i>y</i>	Zip Couc

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

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 **Type of Action** Title Name | Address **MGRM** KIM K DISALVO 1760 N JOG ROAD, STE 150 ☐ Add ✓ Remove WEST PALM BEACH, FL 33411 PATRICK J DISALVO MGR 1760 N JOG ROAD, STE 150 ☐ Add WEST PALM BEACH, FL 33411 ✓ Remove **MGRM** SCOTT DISALVO 1760 N JOG ROAD, STE 150 √ Add WEST PALM BEACH, FL 33411 Remove Add Remove \_\_\_Add \_ Remove  $\Box$ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) .... SEPTEMBER 1 2012 Signature of a member or authorized representative of a member **SCOTT DISALVO** Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00