

L12000000300

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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OCT 30 2012

EXAMINER



400241172654

10/23/12--01018--014 \*\*25.00

FILED  
12 OCT 29 PM 4:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: CIM Properties, 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:

Ivone Mazurek

Name of Person

CIM Properties, LLC

Firm/Company

1268 Palm Coast Pkwy SW

Address

Palm Coast, FL 32137

City/State and Zip Code

imazurek@aol.com

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

For further information concerning this matter, please call:

Ivone Mazurek

Name of Person

at ( 386 )

338-4400

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

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**CIM Properties, 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 1/3/2012 and assigned  
Florida document number L12000000300.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

n/a

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)**

RECEIVED  
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CLERK 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:

n/a

New Registered Office Address:

*Enter Florida street address*

\_\_\_\_\_, Florida

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 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

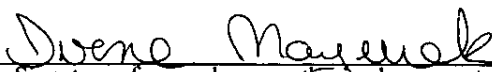
MGRM = Managing Member

| <u>Title</u> | <u>Name</u>   | <u>Address</u>                       | <u>Type of Action</u>  |
|--------------|---------------|--------------------------------------|--|
| MGR          | Ivone Mazurek | 25 Angela Dr<br>Palm Coast, FL 32164 | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
|              |               |                                      | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |               |                                      | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |               |                                      | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |               |                                      | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |               |                                      | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |

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

50% Christopher Mazurek, 50% Ivone Mazurek

Dated October 26, 2012.



Signature of a member or authorized representative of a member

Ivone Mazurek

Typed or printed name of signee