L12000081663

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OCT 2 3 2012

T. HAMPTON

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: PJC75 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:		
STEVEN CARUSO Name of Person		
MILLERY CARUSO LLC Firm/Company		
486 NHARBOR CITY BLVD		
MELBOURNE FL 32935 City/State and Zip Code		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
STEVEN CARUSO at (321) 259 770 V Name of Person Area Code & Daytime Telephone Number		
Enclosed is a check for the following amount:		
\$25.00 Filing Fee \$\ Solution Status \$\ Solution St		

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



RECEIVED

12 OCT 22 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE Division of Corporations

October 15, 2012

STEVEN CARMSO MILLER & CARUSO LLC 486 N HARBOR CITY BLVD MELBOURNE, FL 32935

SUBJECT: PJC75 PROPERTIES LLC

Ref. Number: L12000081663

We have received your document for PJC75 PROPERTIES LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 812A00025387

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

12 OCT 22 PM 3: 21

PJC 75 PROPERT	TES LLE	
(Name of the Limited Liability Company (A Florida Limited Lia	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company vi Florida document number	vere filed on <u>۸۷ (۵۵ (۵۵)</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
The new name must be distinguishable and end with the words "Limite "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	d Liability Company," the designation "LI	C" or the abbreviation
Enter new mailing address, if applicable:	P.O. Box 915973	
(Mailing address MAY BE A POST OFFICE BOX)	P.O. BOX 915973 LONGWOOD, FL	32719
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here: Name of New Registered Agent:		e name of the new
New Registered Office Address:		
New Registered Office Address.	Enter Florida street addre	255
	, 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 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> **Address** Type of Action ☐ Add Remove Add Remove ☐ Add ☐ Remove □Add Remove \square Add Remove -∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member STEVEN VNCUSO/ Typed or printed name of signee . 11

Page 2 of 2

Filing Fee: \$25.00