

L12000126531

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

SUBJECT: **Klenke Osborne, 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:

**Bartosz A. Ostrzenski, Esq.**

Name of Person

**Ostrzenski & Stricklin, P.A.**

Firm/Company

**4755 Technology Way, Suite 204**

Address

**Boca Raton, Florida 33431**

City/State and Zip Code

**jochen.ostermann@me.com**

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

For further information concerning this matter, please call:

**Bart Ostrzenski**

Name of Person

at ( **561** ) **910-7521**

Area Code & Daytime Telephone Number

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**

Klenke Osborne, 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 10/03/2012 and assigned  
Florida document number L12000126531

This amendment is submitted to amend the following:

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

HJ Del Mar, LLC

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)

134 15th Avenue North

St. Petersburg, Florida 33704

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

134 15th Avenue North

St. Petersburg, Florida 33704

**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:

Johen Ostermann

New Registered Office Address:

134 15th Avenue North

Enter Florida street address

St. Petersburg

Florida 33704

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



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

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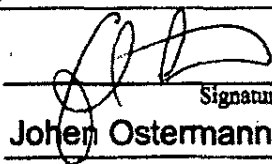
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Dated May 3, 2013



Signature of a member or authorized representative of a member

John Ostermann

Typed or printed name of signee

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Filing Fee: \$25.00