

L 12 000 158425

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H12000298259 3))



H120002982593ABCS

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 617-6133

From: Account Name : CHAPIN, BALLERANO & CHESLACK
Account Number : I2007CC00116
Phone : (561) 272-1125
Fax Number : (561) 272-4142

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: KSmyk10@chapin-law.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
5104 N 32ND STREET #107 LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

RECEIVED
12 DEC 20 PM 1:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
12 DEC 20 AM 8:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

H12000298259 3

**TO: Registration Section
Division of Corporations**

SUBJECT: 5104 N 32ND STREET #107 LLC

Name of Limited Liability Company

FILED
12 DEC 20 AM 8:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

KRISTIN M. SMYKLO

Name of Person

CHAPIN BALLERANO & CHESLACK

Firm/Company

1201 GEORGE BUSH BLVD

Address

DELRAY BEACH, FL 33483

City/State and Zip Code

KSMYKLO@CHAPIN-LAW.COM

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

For further information concerning this matter, please call:

KRISTIN SMYKLO

Name of Person

at (**561**) **272-1225**

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)

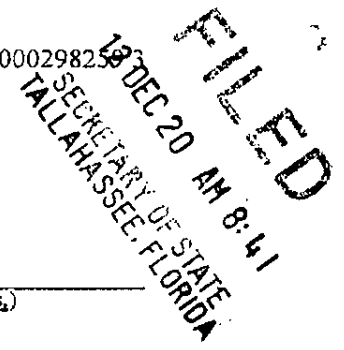
MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

F 12000298259 3

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H1200029825



5104 N 32ND STREET #107 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 12/19/2012 and assigned Florida document number L12000158425

This amendment is submitted to amend the following:

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

POJDL PROPERTIES 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Office Address:

Enter Florida street address

City

Florida

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

H12000298259 3

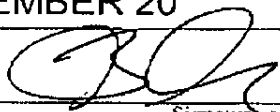
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<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
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

H12000298259 3

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

Dated DECEMBER 20, 2012



Signature of a member or authorized representative of a member

BRIAN G. CHESLACK

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00