

Dec 20 12 01:09p

Chapin Ballerano Cheslack

5612724442

p.1

Division of Corporations

Page 1 of 1

**L12000158425**

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 31))



H120002982593ABC5

**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 : I20070000116  
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

Electronic Filing Menu

**B. KOHR**

Corporate Filing Menu

Help

DEC 21 2012

**EXAMINER**

## COVER LETTER

H12000298259 3

TO: Registration Section  
Division of Corporations

SUBJECT: 5104 N 32ND STREET #107 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:

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

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

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

H1200029825

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

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.)*

---

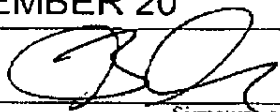
---

---

---

---

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

H12000298259 3