# \*L 13000145090

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EXAMINER
DEC 18 2014



### STUBBS LAW FIRM, L.L.C.

Attorneys and Counselors at Law THE HARDING CENTER 1018 HARDING STREET • SUITE 103 LAFAYETTE, LOUISIANA 70503 www.stubbslawfirm.com

WILLIAM P. STUBBS, JR.\*†

\*BOARD CERTIFIED TAX ATTORNEY †BOARD CERTIFIED ESTATE PLANNING AND ADMINISTRATION SPECIALIST CERTIFIED BY THE LOUISIANA BOARD OF LEGAL SPECIALIZATION

J. TODD KINDLER CHARLES T. HIGHTOWER TELEPHONE: (337) 233-9755

FACSIMILE: (337) 233-9771

December 9, 2014

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

Ladies and Gentlemen:

Enclosed for filing in the records of your office are the following:

- 1) Articles of Amendment to Articles of Organization of Cojak Investments of Winter Park, LLC;
- 2) Articles of Amendment to Articles of Organization of Cojak Investments of Panama City Beach, LLC;
- 3) Resignation of Manager of Cojak Investments of Lake Mary, L.L.C.; and
- 4) Resignation of Manager of Cojak Investments of Tapestry Park, L.L.C.

We have also enclosed our check for \$100.00 (\$25.00 per document) as filing fees.

It is our understanding that you will return a letter acknowledging the filing of the above mentioned documents. Please contact me in the event you have any questions.

Thank you for your assistance in this and all matters.

Very truly yours,

J. Todd Kindler

ks

Enclosures as stated

## **COVER LETTER**

TO:		tration Secti ion of Corpo				
CITID		COJAK IN	VESTMENTS OF WIN	TER PARK, LLC		
SUB	JECT: _		Name of Limite	ed Liability Company		
The	enclosed A	Articles of Ar	mendment and fee(s) are subm	itted for filing.		
Pleas	se return a	ill correspond	ence concerning this matter to	the following:		
•			J. Todd Kindler			
			1.00 \$1.00	Name of Person		<del></del>
			Stubbs Law Firm			
Firm/Company			<del></del>			
			P. O. Box 51201			
			· · · · · · · · · · · · · · · · · · ·	Address		
			Lafayette, Louisiana	70505-1201		
				City/State and Zip Code		
			E-mail address: (to	be used for future annual re	port notification)	
For f	further inf	ormation con	cerning this matter, please cal	1:		
Too	dd Kindl			at ()	-9755	
		Name of P	erson	Area Code	Daytime Teleph	one Number
Encl	osed is a o	check for the	following amount:			
	\$25.00 Fil	ing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclo		1 \$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

FILED
2014 DEC 12 PM 4: 07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

### COJAK INVESTMENTS OF WINTER PARK, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liability company here:  The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."  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 nev registered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  Elorida	The Articles of Organization for this Limited Liabin Florida document number L13000145090	ility Company were filed on October 15, 2013	and assigned	
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	This amendment is submitted to amend the following	ing:		
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	A. If amending name, enter the new name of th	ne limited liability company here:		
(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	The new name must be distinguishable and end with the wor	rds "Limited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."	
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	Enter new principal offices address, if applicabl	le:		
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	(Principal office address MUST BE A STREET A	ADDRESS)		
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	Enter new mailing address, if applicable:			
Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address	(Mailing address MAY BE A POST OFFICE BO	<u> </u>		
New Registered Office Address:  Enter Florida street address			ter the name of the new	
Enter Florida street address	Name of New Registered Agent:			
Florida	New Registered Office Address:			
City Zip Code	-	, Florida		

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 605, 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 Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	John D Gielen	1414 North Avenue C	
·		Crowley, Louisiana	■ Remove
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	other than the date of filing: (optional) t be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after t is filed by the Florida Department of State)	
the date this document	t is filed by the Florida Department of State)	
the date this document	t is filed by the Florida Department of State)	
the date this document	December 5 , 2014	

Page 3 of 3

Filing Fee: \$25.00

