

**L15000180323**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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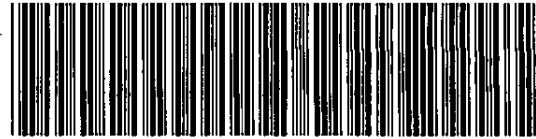
(Business Entity Name)

(Document Number)

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2016 SEP 15 P 4:55  
TALLAHASSEE, FL 32309

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2016 SEP 15 P 4:55  
TALLAHASSEE, FL 32309

SEP 16 2016  
J BRUCE

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Windy City Docs Holdings 2, 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:

Michael M. Bajalia, Esq.  
Name of Person

Bajalia Law Office, P.A.  
Firm/Company

11512 Lake Mead Ave. #301  
Address

Jacksonville, FL. 32256  
City/State and Zip Code

mbajalia@bajaliawoffice.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael M. Bajalia at ( 904 ) 352-1121  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

FILED  
2016 SEP 15 P 4:55  
TALLAHASSEE, FL

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

Windy City Docs Holdings 2, 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 10/23/2015 and assigned Florida document number 415000180323

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 contain 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)

Sawgrass Village Shopping Cntr.  
340 Front St. # 700  
Ponte Vedra Beach, FL 32082

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:

Bajaria Law Office P.A.

New Registered Office Address:

11512 Lake Mead Ave # 301

Enter Florida street address

Jacksonville

City

Florida

32254

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 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.*

*Lupina M. B. Juli, Esq.*  
If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	DeLeon, Daniel	1565 M. 34 Lake Dr	<input type="checkbox"/> Add
		Fleming Island, FL	<input checked="" type="checkbox"/> Remove
		32003	<input type="checkbox"/> Change
AMBR	Kerwin, Andrea	7899 Twinstone Cr. W.	<input type="checkbox"/> Add
		Jacksonville, FL 32256	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Suk, Mike	1095 Limestoneville Rd.	<input type="checkbox"/> Add
		Milton, PA. 17487	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Roth, Mark	5533 Jabeth Dr.	<input type="checkbox"/> Add
		New Port Richey, FL	<input type="checkbox"/> Remove
		34652	<input checked="" type="checkbox"/> Change
AMBR	Chockley, Carol	1624 Chock Rd.	<input type="checkbox"/> Add
		Murrayville, IL	<input type="checkbox"/> Remove
		62668	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

215 SEP 19 P 4:55  
7-111605 SEP 19 1966

SEP 16 P 4:55

**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:**

(b) The 90th day after the record is filed.

**Dated**

September 10, 2014

2014

Signature of a member or authorized representative of a member

Andrew Kerwin, AMRR

Typed or printed name of signee