

L19000174158

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

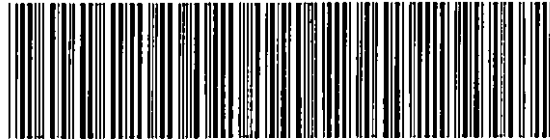
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Use Only



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07/26/19--01026--007 **55.00

19 JUL 26

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2019 JUL 26 AM 10:10

FILED

JUL 29 2019

M. SOLOMON

**CORPORATE
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PICK UP: 7/26 Glinda

XX **CERTIFIED COPY** _____
☐ **PHOTOCOPY** _____
☐ **CUS** _____
XX **FILING** **AMEND** _____

1. **PJA REALTY #5 LLC**
(CORPORATE NAME AND DOCUMENT #)
2. _____
(CORPORATE NAME AND DOCUMENT #)
3. _____
(CORPORATE NAME AND DOCUMENT #)
4. _____
(CORPORATE NAME AND DOCUMENT #)
5. _____
(CORPORATE NAME AND DOCUMENT #)
6. _____
(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS: _____

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

PJA REALTY #5 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 July 5th, 2019 and assigned
Florida document number 119000174158.

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)

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

_____, **Florida**

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 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 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> |
|--------------|----------------|-------------------------|--|
| MGR | JOSHUA S DAVIS | 1215 S. DIXIE HWY | <input type="checkbox"/> Add |
| | | POMPANO BEACH, FL 33060 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | JOSHUA S DAVIS | 1215 S. DIXIE HWY. | <input type="checkbox"/> Add |
| | | POMPANO BEACH, FL 33060 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | ADAM M DAVIS | 1215 S. DIXIE HWY. | <input type="checkbox"/> Add |
| | | POMPANO BEACH, FL 33060 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
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(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)

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

Dated 7/28/2019

Paula Kung Bang
Signature of a member or authorized representative of a member

Signature of a member or authorized representative of a member

Paula Kaminsky Davis

Typed or printed name of signee