# L11 000002766

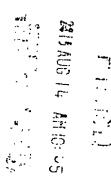
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## **COVER LETTER**

	Registration Se Division of Co		·	
CUD IC		Labs, LLC	\***	
SUBJEC	CT:		ted Liability Company	<del></del>
The enclo	osed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please re	turn all correspo	ondence concerning this matter (	to the following:	
		Erik St. Martin		
			Name of Person	
			Firm/Company	
		18541 Milton Keynes Ct.		
		Land O' Lakes, FL 34638	Address	
		alakriti@gmail.com	City/State and Zip Code	
		E-mail address: (t	o be used for future annual report noti	fication)
For further	er information c	oncerning this matter, please ca	M:	
Erik St. M	Martin		727 992-6784 at ( )	
	Name o	f Person	at () Area Code Daytim	e Telephone Number
Enclosed	is a check for th	ne following amount:		
□ \$25.0	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

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations Clifton Building

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Augmented Labs, LLC		
(Name of the Limited Liability (A Florida L	Company as it now appears on our records.) imited Liability Company)	
The Articles of Organization for this Limited Liability Cor Florida document number L11(000002766	mpany were filed on 1/07/2011	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
St. Martin Holdings, LLC		
The new name must be distinguishable and contain the words "Limite	d 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 ADDRE	(SS)	
		- 2
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		· 4-
B. If amending the registered agent and/or register	red office address on our records, <u>e</u>	
registered agent and/or the new registered office addre	ss here:	
		7.0
Name of New Registered Agent:		
New Registered Office Address:		
The state of the s	Enter Florida street address	
	. Floric	la.
	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 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>	Address	Type of Action
			□ Add
			☐ Remove
		<del></del>	☐ Change
		<del></del>	
			□ Remove
			Change
		Add	
	<del>-</del>	□ Remove	
		Change	
		Remove	
			Change
		Add	
		Remove	
		Change	
		Add	
			□ Remove
			Change

Effective date, if other than the date of filing:	
(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.  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.  The record specifies a delayed effective date, but not an effective time, at 12:01 a.m.  The 90th day after the record is filed.	
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The 90th day after the record is filed.	) Pursuant to 605.0207 ( will not be listed as t
Dated August 12th 2019	on the earlier of:
Dated	
Signature of a member or authorized representative of a member	<del></del>
arguature of a member of authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00