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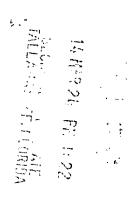
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J. Shivers MAR 3 1 2014





February 19, 2014

SAINT CHARLES LLC 325 WATERFRONT DR OMAR HODGE BLDG 2ND FLOOR WICKHAMS CAY ROAD TOWN TORTO, XX

SUBJECT: SAINT CHARLES LLC Ref. Number: L11000059173

We have received your document for SAINT CHARLES LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 514A00003790

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SAINT CHARLES LLC			
(Name of the Limited Liability Comp (A Florida Limited	any ак it яп и продата on our records ,) Liability Company)		
The Articles of Organization for this Limited Liability Company	were filed on 5/11/2011 and assigne	иd	
Florida document number L11000059173			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	pility company here:		
The new name must be distinguishable and end with the words "Limited Lial	bility Company," the designation "LLC" or the abbreviation "L.L.C.	<u>, </u>	
Enter new principal offices address, if applicable:	325 Waterfront Drive , Omar Hodge Building,2 Floor		
(Principal office address MUST BE A STREET ADDRESS)	Wickham's Cay, Road Town Tortola VG		
•			
Enter new mailing address, if applicable:	ALL TA		
(Mailing address MAY BE A POST OFFICE BOX)			
	70		
B. If amending the registered agent and/or registered o	ffice address on our records, enter the name of the	he ne	
registered agent and/or the new registered office address her			
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
	Enter riorida street address		
	, Florida City Zip Code		

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, 1.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

MGR = Manager

" 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:

AMBR = .	Authorized Member		
Title	Name	Address	Type of Action
			
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(optional) or filed date and cannot be more than 90 days after	•
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	(optional) or filed date and cannot be more than 90 days after

Page 3 of 3

Filing Fee: \$25.00