L15000133195

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DIVISION OF DERFORMATIONS

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COVER LETTER

TO: Registration So Division of Cor			
Saint Vince SUBJECT:	ent Oaks, LLC		
John Ci,	Name of Lim	ited Liability Company	· · ·
	Amendment and fee(s) are sub	·	
	Michel de Amorim		
		Name of Person	
	Drummond CPA LLC		
		Firm Company	
	601 Brickell Key Dr, Suite	901	
		Address	
	Miami, FL 33131		
		City/State and Zip Code	
	lcosta@drummondadvisors E-mail address: (to be used for future annual report notifi	cation)
For further information c	oncerning this matter, please co	all:	
Michel de Amorim		781 770-0005	
Name o	of Person		Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25,00 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 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, F1, 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SAINT VINCENT OAKS, LLC			
(Name of the Lim	ited Liability Company a (A Florida Limited Liabi	s it now appears on our records.) lity Company)	l
The Articles of Organization for this Limited I Florida document number L15000133195	Jiability Company wer	re filed on <u>07/14/2017</u>	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liability	company here:	σ.
The new name must be distinguishable and contain the	words "Limited Liability C	'ompany," the designation "LLC" of	or the abbreviation,"L.I. C."
Enter new principal offices address, if appli (Principal office address MUST BE A STRE			JUL 28 PH
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)			PH 2: 36
B. If amending the registered agent and registered agent and/or the new registered of		address on our records,	enter the name of the new
Name of New Registered Agent:	Drummond CPA LI	LC	
New Registered Office Address:	601 Brickell Key D	r, Suite 901 Enter Florida street address	
	Miami		ida ³³¹³¹
		City , Fior	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>	Name	Address	Type of Action
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		Campinas, Brazil 13098-035	□ Remove
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ument's effective date	on the Department of St	inte's records.				
record specifies a	delayed effective d	ate, but not an e	effective time.	at 12:01 a.m	n, on the earl	ier of:
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		2017				
July 21st		4017				
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