# L01000002892

(Red	questor's Name)			
		•		
· (Add	ress)	· <del></del> -		
•	•	•		
•				
(Add	ress)			
(7.00)				
/Cih	//State/Zip/Phon	- <del>4</del> 0		
(Cit)	//State/Zip/Prion	e #)		
PICK-UP	☐ WAIT	MAIL		
,	<b>_</b>			
(Bus	siness Entity Na	me)		
(Doc	ument Number)	)		
Certified Copies	Certificate:	s of Status		
Certified Copies Certificates of Status				
Special Instructions to F	iling Officer:			
		j		
<i>.</i>		ļ		
		ţ		
,				

Office Use Only



100120517501

04/18/08--01031--022 \*\*25.00

OB APR 18 PM 1: 54
SECRETARY OF STATE
SECRETARY OF STATE

APR 2 1 2000

## COVER LETTER

Division of Corporations					
SUBJECT: _	St. James DI	ace South, LLC			
	(Name of Li	mited Liability Company)			
71. T					
The enclosed A	rticles of Amendment and fee(s) are s	ubmitted for filing.			
Please return al	l correspondence concerning this matt	er to the following:			
	-	_			
		/			
	Mallor	y (oayle Holm, Esq.			
		(Name of Person)			
,	S) / 00	10 110			
i Sarjan James	SL6 M	anagement Services, LLC (Firm/Company)			
·					
er Line	42100	Lat 10 a 12 a d Suita 1			
e wit	7515 6	ablo Daks Court, Suite 1			
		(Address)			
	Jackson	ville FL 32224			
	- JUCKS BIT	(City/State and Zip Code)			
		,			
Pour Grands on in Co.		and the			
Los turmer mio	rmation concerning this matter, please	call:			
**************************************		1. Onl 102 11111			
<u> </u>	(Nome of Person)	at (904) 482 - 1144 (Area Code & Daytime Telephone Number)			
	(Name of Ferson)	(Area Code & Daytime Telephone Number)			
· ·					
Enclosed is a ch	eck for the following amount:				
\$25.00 Filing	g Fee \$\int_\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy Certificate of Status &			
	Certificate of Status	(additional copy is enclosed) Certified Copy			
C. N.		(additional copy is enclosed)			
1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	,				
	MAILING ADDRESS:	STREET/COURIER ADDRESS:			
<b>\$</b>	Pagistration Section	Pagistration Section			

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

## FILED

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SECRETARY OF STATE
TALLAHASSEE FLORIDA

08 APR 18 PM 1:54

St. James Place South, 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 February 23, 200 and assigned Florida document number LOI 00000 2892

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

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:

SLLo Management Services UC

New Registered Office Address:

4315 Pablo Daks (outt, Suite)

(Enter Florida street address)

Jacksonville, Florida 32224

(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 608t 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)

John C Hunkel Vice Piesydent If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member						
<u>Title</u>	<u>Name</u>	Address	Type of Action			
<u> </u>	<del> </del>		Add Remove			
			Add Remove			
			Add Remove			
	·		Add Remove			
			Add Remove			
			Add Remove			
D. If ame	Λ \ , , , , , , , , , , , , , , , , , ,	nge(s) here: (Attach additional sheets, if necessar)	mended			
	and restated in the limited liabili	its entirety as f	<u>ol</u> low:			
_	managed by a SLL Managen	Coeneral Manager nent Services, LLC	SECRETARY OF ALLIAHASSEE			
Dated	Au C	ber or authorized representative of a member	PH 1:54 EE FLORIDA			
	John & 4	ed or printed name of signee  Rose 2 of 2	dent			

Page 2 of 2

Filing Fee: \$25.00