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B. KOHR
JUN 1 4 2010
EXAMINER

COVER LETTER

TO: Registration Division of	n Section Corporations		
SUBJECT:	St. Dennis	Development LLC	Que s
	Name of Lim	ited Liability Company	6
The enclosed Article	s of Amendment and fee(s) are su	bmitted for filing.	10 UN 10 MA
Please return all corre	espondence concerning this matte	r to the following:	***
		Shaun St. Dennis	
		Name of Person	
	St. I	Dennis Development LLC	
		Firm/Company	
	155 So	uth Court Avenue, Unit 1616	}
		Address	
	C	rlando, FL 32801-3213	
		City/State and Zip Code	
	E-mail address:	(to be used for future annual report notific	cation)
For further informati	on concerning this matter, please	call:	
Shaun St. Dennis		at (407) Area Code & Daytime	168-0649
Na	me of Person	Area Code & Daytime	Telephone Number
Enclosed is a check f	for the following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 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, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

St. [Dennis Development LL	С	
(Name of the Limited)	Liability Company as it now appea Florida Limited Liability Company)	rs on our records.)	6
`	, , , , , , , , , , , , , , , , , , , ,		The state of the s
The Articles of Organization for this Limited Lia	bility Company were filed on	03/10/2004	and assigned
Florida document number L04000214	403		
			O MA CO
This amendment is submitted to amend the follow	wing:		0,
A. If amending name, enter the new name of	the limited liability company he	re:	
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Comp	any," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applica	ble:		
(Principal office address MUST BE A STREET	(ADDRESS)		
		···	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE B	30X)		
			
B. If amending the registered agent and/o		our records, enter t	ne name of the new
registered agent and/or the new registered off	ice address here:		
Name of New Registered Agent:			
New Registered Office Address:			
	E	nter Florida street addi	ress
		. 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 608, 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

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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
MGRM	Robert G. Fagan	1532 N. Carolwood Blvd. Fern Park, FL 32730	Add Remove
MGRM_	Phyllis M. Fagan	1532 Carolwood Blvd. Fern Park, FL 32730	Add ☑ Remove
		·	Add Remove
			Add Remove
<u> </u>			Add Remove
 			Add Remove
D. If amend	ding any other information, enter cha	inge(s) here: (Attach additional sheets, if necessary.)	
_			_ _
 Dated	June 7, 2	.010	_
		ber or authorized representative of a member	
		Shaun St. Dennis	
	Тур	ped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00