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COVER LETTER

Division of Cor	porations		
	ugustine Associates, L.L.C.		e,
SUBJECT:	Name of Lim	ited Liability Company	••
	e.		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	James N. Gordon		
		Name of Person	
	South St. Augustine Assoc	iates, LLC	
		Firm/Company	
	3948 3rd Street South, #31	1	
		Address	
	Jacksonville Beach, FL 32	250	
		City/State and Zip Code	
	dearlton@middiv.com	to be used for future annual report	
For further information of	oncerning this matter, please c	·	norneación)
	oncerning this matter, prease c		
Dwn M. Carlton		386 449-976 at ()	
Name o	f Person	Area Code Da	ytime Telephone Number
Enclosed is a check for th	ne following amount:		
图 \$25.00 Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	S\$5,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration 5 Division of C	Section	Street Addres Registration Division of	

P.O. Box 6327

TO:

Registration Section

Tallahassee, FL 32314

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

South St. Augustine Associates, 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 $\frac{06/17/04}{12}$ and assigned Florida document number 1.04000047065 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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 3948 3rd Street South, #311 Enter new principal offices address, if applicable: Jacksonville Beach, FL 32250 (Principal office address MUST BE A STREET ADDRESS) 3948 3rd Street South, #311 Enter new mailing address, if applicable: Jacksonville Beach, FL 32250 (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Florida

P94/L

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
			🗆 Add
			21Remove
			□Change
			🗆 Add
			🗆 Remove
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	, / ₁ / ₁ / ₁		□Remove
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			Change

		
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(ote: If the date inserted in this bocument's effective date on the I	e date of filing:	ed as the
ated	2021	
	Signature of a member or authorized representative of a member	
James N. Gordon Mar		

Filing Fee: \$25.00