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(Re	questor's Name)	<u>, , , , , , , , , , , , , , , , , , , </u>
(Ad	dress)	<u></u>
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SECRETARY OF STATIOHS DIVISION 27 PM 4: 04

COVER LETTER

	ion Section of Corporations			
SUBJECT:	St. Jol	hn's River Club, L.L.C.		
	(Name of Li	imited Liability Company)		· ·
The enclosed Arti	cies of Amendment and fec(s) are su	bmitted for filing.		
Please return all co	orrespondence concerning this matte	r to the following:		
		Bice Hope		
		Name of Person)	•	æ., "
		ce Hope, Esquire		·
	•	(Firm/Company)		90 SIAID
	P.O. Box 5217			NEGRETARY NYESION OF CO
		(Address)	· • · ·	27
	Gainesville, FL 326			구 경우·
	(City	/State and Zip Code)	and the second s	7 PM 4: 04
For further inform	ation concerning this matter, please	call:		+ 35
A. Bio	e Hope, Esquire		2066	
	(Name of Person)	(Area Code & Daytim	e Telephone Number)	
Enclosed is a check	for the following amount:			
\$25.00 Filing Fed	e S30.00 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 enclo	sed)
		CTREET/COURT	en innnece.	

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

·	<u></u>	St. John's River Club, L	.L.C.		·		
	(Present Name) (A Florida Limited Liability Company)					•	
FIRST:	The Articles of Organ	ization were filed on June 30, 4000050018	2004	and assig	gned	* -	
			. F . C. L.	17	٠, -	٠.	
SECOND:	This amendment is su	bmitted to amend the following:					
	The name of the	imited Liability Company is	hereby ch	anged to rea	ad as follows	<u> </u>	
		* *	A MANUFACTURE OF A SECOND	Elektric As	· , - ·		Ī.,
		Arnoldsmith, L.L.C.	terre \$1		1 to 14 to 15	- <u></u>	1.J.
		Antologinal, E.L.O.	. 97		. , .	<u> </u>	1
				20 T 1 2		<u>ـ</u> پ	.~·
	This Amendmen	it is effective upon filing w		orida Secre	tary of State	e.	,-
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		Mornestal	W			- 55	
	Sig	hture of a member or authorized rep	resentative of	a member		. T. + ==:	, i
	\/	James A. Arno	ld, III				
		Typed or printed name of		1.35		*. · · · · · · · · · · · · · · · · · · ·	

Filing Fee: \$25.00