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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ST. LEO 40, LLC.
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

KENNETH BOLLENBACK
Name of Person
ST. LEO 40, LLC
Firm/Company
160 SCARLET BLVD.
Address
OLDSMAR, FL 34677
City/State and Zip Code
mkulig@bollenbackbuilders.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARY KULIG at **813 855-2656**
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check 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)
- \$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, FL 32301

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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:

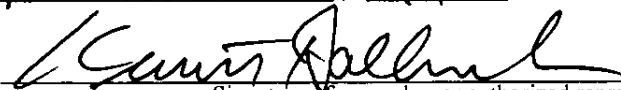
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	KENNETH BOLLENBACK	160 SCARLET BLVD. OLDSMAR, FL 34677	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	JES PROPERTIES, INC.	3281 LANDMARK DRIVE CLEARWATER, FL 33761	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated 11-25, 2013.



Signature of a member or authorized representative of a member

KENNETH BOLLENBACK

Typed or printed name of signee

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Filing Fee: \$25.00

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STATE OF FLORIDA
SECRETARY OF STATE