L0500065040

(Re	equestor's Name)	
(Ad	idress)	
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(Ci	ty/State/Zip/Phone	· #)
PICK-UP	WAIT	MAIL
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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

Name of Person

ູ,813_៶855-2656

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)

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. LEO 40, LLC (Name of the Limited I	iability Compan	y as it now appears on ou ability Company)	r records.)	
The Articles of Organization for this Limited Lia Florida document number L05000085040				_ and assigned
This amendment is submitted to amend the follow	wing:			
A. If amending name, enter the new name of	the limited liabi	lity company here:		
The new name must be distinguishable and end with "L.L.C."	the words "Limit	ed Liability Company," the	e designation "LLC	C" or the abbreviation
Enter new principal offices address, if applica	ble:	160 SCARLET BL	VD.	
(Principal office address MUST BE A STREET		OLDSMAR, FL 34	1677 📑 📆	. Company
Enter new mailing address, if applicable:		160 SCARLET BL	VD.	20 ACM S
(Mailing address MAY BE A POST OFFICE B	OX)	OLDSMAR, FL 34	677	
B. If amending the registered agent and/or registered agent and/or the new registered off			cords, enter the	name of the new
Name of New Registered Agent:	KENNETH	BOLLENBACK		
New Registered Office Address:	160 SCARL			
<u> </u>	Enter Florida street address			
	OLDSMAR		_, Florida <u>346</u>	77
		Citv		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

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>	Name	Address	Type of Action
MGRM	KENNETH BOLLENBACK	160 SCARLET BLVD.	_ Add
		OLDSMAR, FL 34677	Remove
MGRM	JES PROPERTIES, INC.	3281 LANDMARK DRIVE	Add
		CLEARWATER, FL 33761	Remove
		j. ·	Remove
			Add
		ad i Tropi I-	Add
			Remove
			Add
			Remove

If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
_	
_	
_	
d	11-25, 2013.
	Curio Halling
	Signature of a member or authorized representative of a member
	KENNETH BOLLENBACK
	Typed or printed name of signee

Page 3 of 3
Filing Fee: \$25.00

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