

L06000099781

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

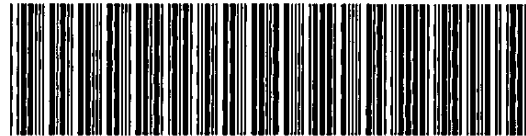
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06 OCT 30 PM 12:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** St. Johns Oaks II, 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:

C. Randolph Coleman

(Name of Person)

The Coleman Law Firm, L.C.

(Firm/Company)

9250 Baymeadows Road, Suite 450

(Address)

Jacksonville, Florida 32256-1813

(City/State and Zip Code)

For further information concerning this matter, please call:

C. Randolph Coleman

(Name of Person)

at ( 904 ) 448-1969

(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

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

St. Johns Oaks II, LLC

(Present Name)  
(A Florida Limited Liability Company)

**FIRST:** The Articles of Organization were filed on October 12, 2006 and assigned document number L06000099781.

**SECOND:** This amendment is submitted to amend the following:

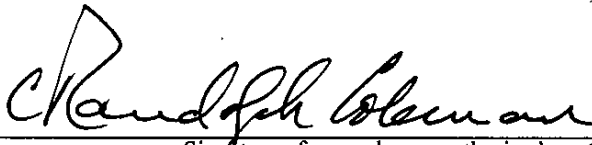
Article I, name of the Limited Liability Company reads "St. Johns Oaks II, LLC"

Article I, name of the Limited Liability Company should be amended to read  
"The Shoppes of St. Johns Oaks II, LLC"

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

Dated October 24, 2006.



Signature of a member or authorized representative of a member

C. Randolph Coleman

Typed or printed name of signee

**Filing Fee: \$25.00**