Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : NICI LAW FIRM, P.L.

Account Number : I20110000008 Phone : (239)449-6150 : (877)646-0560 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:__

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ST. ANDREWS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

SEP 2 7 2021

A. LUNT

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ST. ANDREWS, LLC			
(Name of the Limit	ted Liability Compa (A Florida Limited I	ny as it now appears on our	records.)
The Articles of Organization for this Limited L			
This amendment is submitted to amend the foll	owing:		
			<u> </u>
The new name must be distinguishable and contain the v	vords "Limited Liabi	lity Company," the designatio	n "LLC" or the abbreviation "L.UC."
Futer new principal offices address, if applicable:		2601 South Tamiami Tr	ail
		mending name, enter the new name of the limited liability company here: A	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	w mailing address, if applicable:		ail
		address on our records,	enter the name of the new registere
Name of New Registered Agent:	N/A		
New Registered Office Address:	2601 South Ta		
		Enter Florida stree	t address
	Sarasota		, Florida
		City	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 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.

09/24/2021 06:41 AM

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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>	<u>Name</u>	Address	Type of Action
MGR	SIRENA MANAGEMENT, LLC	2601 South Tamiami Trail	
		Sarasota, FL 34239	□Remove
			≘ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			Remove
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			Remove
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ffective date, if other to an effective date is listed, the lote: If the date inserted in ocument's effective date of	date must be specific and this block does no	and cannot be prior at meet the applic	cable statutory fil	more than 90 days aft	tional) er filing.) Pursuant to nis date will not be	605.0207 listed as
record specifies a delayed is filed.	effective date, but r	not an effective t	ime, at 12:01 a.m	on the earlier of:	(b) The 90th day	after the
ated September 23		_, <u>2021</u>	 ^ \			
	\sim 11	<i>i I</i>	// ^]	~ ∶		
	Signature of	a member or such	orized representati	e of a member		-

Filing Fee: \$25.00