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(Red	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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10/29/14--01003--006 **25.00



COVER LETTER

TO:	Registration Sec Division of Cor				
SUBJE	St. Nicho	las Development Comp	oany, LLC		
30131		Name of Lim	ited Liability Company		
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please	return all correspo	ndence concerning this matter	to the following:		
		Arthur J. Halleran, J	r.		
Name of Person					
		St. Nicholas Develop	oment Company, LLC		
	<u>,,,,, , , , , , , , , , , , , , , , , </u>				
Firm/Company 1000 5th Street, Suite 223 Address					
		**************************************	Address		
		Miami Beach, Florid	a 33139		
		City/State and Zip Code			
arthur@queensfortcapital.com E-mail address: (to be used for future annual report notification)					
			·	ation)	
For fur	ther information co	oncerning this matter, please co	all:		
Arthu	r Halleran		305 424-4444		
	Name of	f Person		elephone Number	
Enclose	ed is a check for th	e following amount:			
\$25	5.00 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. Nicholas Development (Name of the Lim	Ited Liability Company as it now (A Florida Limited Liability Com	appears on our records.)		
he Articles of Organization for this Limited I	·		and assi	gned
his amendment is submitted to amend the fol	llowing:			
. If amending name, enter the new name	of the limited liability compa	any here:		
ne new name must be distinguishable and end with th	e words "Limited Liability Compan	y," the designation "LLC"	or the abbreviation "L.	L,C."
nter new principal offices address, if appli	icable:			
Principal office address MUST BE A STRE	ET ADDRESS)			
				
nter new mailing address, if applicable:				.
<u> Iailing address MAY BE A POST OFFICE</u>	<u> </u>			
				
. If amending the registered agent and	d/on nogistaned office addre		onton the name o	f the ne
gistered agent and/or the new registered		ss on our records,	PS -	u the ne
Name of New Registered Agent:	Arthur J. Halleran, Jr	•	4 OCT	** \$1.50 * \$1.50
New Registered Office Address:	1000 5th Street, Suite	e 223	238 888 888	English to
New Registered Office Address.	Ent	ter Florida street address	1 P	(1)
	Miami Beach	. Flori	ida 33139 🙃	C. Arm
	City		Zip Conje	
ew Registered Agent's Signature, if changing	Registered Agent:		prijer.	
New Registered Agent's Signature, if changing thereby accept the appointment as register provisions of all statutes relative to the province the obligations of my position as region the filed to merely reflect a change in the company has been notified in writing of this	red agent and agree to act in per and complete performan gistered agent as provided for e registered office/address, l	nce of my duties, and or to Chapter 605, F.	I am familiar with 6. Or, if this docu	and nent j

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member **Title Type of Action** <u>Name</u> **Address** _□ Add ☐ Remove □ Add _□ Remove □ Add Remove OCT 29 PAT 1: 28 move □ Add ☐ Remove ☐ Add ☐ Remove

, ameno	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.
The effective	e date, if other than the date of filing:
Dated	Ochoby 22 2014
Jaicu	, 201
	Jan Scott
	Signature of a member or authorized representative of a member
	Thomas E. Scott
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00