

LD8000001915

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(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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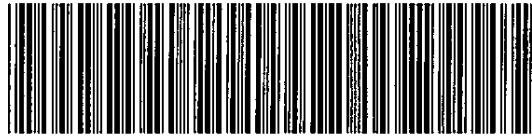
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JUL 16 2009

EXAMINER



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09 JUL 15 AM 8:05

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SAINT MICHAEL GROUP 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:

Emilio T. Garcia

Name of Person

SAINT MICHAEL GROUP LLC

Firm/Company

19266 SW 41 Street

Address

Miramar, Florida 33029

City/State and Zip Code

emilio.garcia@smgconsultingservices.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Emilio T. Garcia

Name of Person

at (305)

3190482

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**

SAINT MICHAEL GROUP LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on JAN.7, 2008 and assigned Florida document number L08000001915.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

19266 SW 41 Street

Miramar, Florida 33029

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P.O. Box 297592

Pembroke Pines, Florida 33029-0000

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Emilio T. Garcia

New Registered Office Address:

19266 SW 41 Street

Enter Florida street address

Miramar,

, Florida

33029

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 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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	EMILIO T. GARCIA	19266 SW 41 Street MIRAMAR, FLORIDA 33029	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	CLIVE TRICKER	1070 ALVINA LANE OVIEDO, FLORIDA 32766	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	JOHN MASCHI	19286 SW 41 STREET Miramar, Florida 33029	<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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated JULY 10, 2009



Signature of a member or authorized representative of a member

Emilio T. Garcia

Typed or printed name of signee