L10000004T32

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L. SELLERS

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EXAMINER

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COVER LETTER

то:	Registration Sect Division of Corpo			
SUBJE	CT:	St. George	Properties, LLC	
			ted Liability Company	
The encl	losed Articles of Ar	nendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspond	ence concerning this matter	to the following:	
			Russ Hoskins	
			Name of Person	
		Hoskins Q	uiros & LaBeaume, Cf	PA, LLC
			Firm/Company	
		92	26 Lake Baldwin Lane	
			Address	····
			Orlando, FL 32814	
			City/State and Zip Code	
		russh	oskins@hcpaonline.co	om 1 notification)
For furth	ner information con	cerning this matter, please c		(nonneation)
	Raye	ela Vinson	at (407)	767-6588 Daytime Telephone Number
	Name of P	erson	Area Code & I	Daytime Telephone Number
Enclosed	is a check for the	following amount:		
\$25.0	00 Filing Fee (\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is end	\$60.00 Filing Fee, Certificate of Status & Closed) 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



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 22, 2010

RUSS HOSKINS HOSKINS QUIROS & LABEAUME, CPA LLC 926 LAKE BALDWIN LANE ORLANDO, FL 32814

SUBJECT: ST. GEORGE PROPERTIES, LLC

Ref. Number: L10000004732

We have received your document for ST. GEORGE PROPERTIES, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Letter Number: 610A00001866

Leslie Sellers Regulatory Specialist II

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

St. George Pro	perties, LLC			
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears o ability Company)	n our records.)		
The Articles of Organization for this Limited Liability Company value of C	were filed on	1/13/10	and assign	ied
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabil	lity company here:			
St. George's Pro	perties, LLC			
The new name must be distinguishable and end with the words "Limite "L.L.C."	ed Liability Company,	" the designation "L	LC" or the abbi	reviation
Enter new principal offices address, if applicable:				.
(Principal office address MUST BE A STREET ADDRESS)				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address here:		records, enter th	ne name of t	he new
registered agent and/or the new registered office address here	•		 1	
Name of New Registered Agent:			AEC D	
New Registered Office Address:		· · · · · · · · · · · · · · · · · · ·	AFE:	Street.
New Register Office Planets.	Enter	Florida street addr	ess o	Statement of the Statem
		, Florida	P P	
	City		Zin Code	
New Registered Agent's Signature, if changing Registered Agent:			조금 A A	
I hereby accept the appointment as registered agent and agree the provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office a company has been notified in writing of this change.	te performance of no covided for in Chapt	city. I further agre ny duties, and I an ter 608, F.S. Or, ij	ee to comply v n familiar wii f this docume	th and

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

<u>itle</u>	Name	Address	Type of Actio
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			Domore
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<u>-</u>			
			Remove
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If amen	ding any other information, enter c	hange(s) here: (Attach additional shee	ets, if necessary.)
			
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ited 12	-b-l0 , ,	 : // /	
	· K	CPA CPA	
	Signature of a me	mber or authorized representative of a me	mber
	-	PUSSELL K. Hoskin S yped or printed name of signee	• •

Page 2 of 2

Filing Fee: \$25.00