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| (Requestor's Name) | | | | | | | | |
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| (Address) | | | | | | | | |
| (Address) | | | | | | | | |
| (City/State/Zip/Phone #) | | | | | | | | |
| PICK-UP WAIT MAIL | | | | | | | | |
| (Business Entity Name) | | | | | | | | |
| (Document Number) | | | | | | | | |
| Certified Copies Certificates of Status | | | | | | | | |
| Special Instructions to Filing Officer: | | | | | | | | |
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Office Use Only



500181801385

06/17/10--01044--002 **25.00

06/17/10--01044--003 **5.00



B. KOHR
JUN 1 7 2010

EXAMINER



CAPITAL CONNECTION, INC.417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

| | | | <u> </u> | 4 |
|-------------------|---------------------------------------|-------|--------------------------------|---|
| St. Johns DD, LLC | | | 10 JUN 17 | |
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| | | | - | • |
| | | | Art of Inc. File | |
| | | | LTD Partnership File | |
| | | | Foreign Corp. File | |
| | | | L.C. File | |
| 1 | • | | Fictitious Name File | |
| • | | • . | Trade/Service Mark | |
| | | | Merger File | |
| | | | Art. of Amend. File | |
| | • | | RA Resignation | |
| | | | Dissolution / Withdrawal | |
| , | | | Annual Report / Reinstatement | |
| • | | | Cert. Copy | |
| | | | 2 Photo Copy | |
| | | | Certificate of Good Standing | |
| | | | Certificate of Status | |
| | | | Certificate of Fictitious Name | |
| • | | | Corp Record Search | |
| | | | Officer Search | |
| | | | Fictitious Search | |
| Signature | · · · · · · · · · · · · · · · · · · · | | Fictitious Owner Search | |
| 216.11111 | ٠., | | Vehicle Search | |
| | | | Driving Record | |
| Requested by: | 6/17 | 11'00 | UCC 1 or 3 File | |
| Nama | Data Para | Time | UCC 11 Search | |
| Name | Date | Time | UCC 11 Retrieval | |
| Walk-In | Will Pick Up | | Courier | |

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

| St. O | o hins | | ل لـن | , | 4 |
|---|--------------------------|---------------------------------------|-------------|---------------------------------------|-------------------------|
| (Name of the Limited Liability (A Florida L | Company imited Liab | as it now appea ility Company) | rs on our | records.) | July Oxford |
| The Articles of Organization for this Limited Liability Co Florida document number | | ere filed on <u>e</u> | 2 13 | 2010 | and assigned |
| This amendment is submitted to amend the following: | | | | | |
| A. If amending name, enter the new name of the limit | | | re: | | |
| St. Johns J | | | | · · · · · · · · · · · · · · · · · · · | |
| The new name must be distinguishable and end with the word "L.L.C." | ds "Limited | Liability Comp | any," the c | designation "LL | .C" or the abbreviation |
| Enter new principal offices address, if applicable: | • | | | | |
| (Principal office address MUST BE A STREET ADDR. | ESS) | | | · · | |
| | - | · · · · · · · · · · · · · · · · · · · | | · | |
| Enter new mailing address, if applicable: | | | | | |
| (Mailing address MAY BE A POST OFFICE BOX) | _ | | | | |
| | _ | | | | |
| | | | | : | |
| B. If amending the registered agent and/or registered agent and/or the new registered office addr | ered office ess here: | e address on | our reco | ords, <u>enter th</u> | e name of the ne |
| Name of New Registered Agent: | | | | | |
| New Registered Office Address: | | | | | |
| | | E | nter Flori | da street addr | ess |
| · | | | | , Florida | |
| | | City | | ı | Zip Code |
| New Registered Agent's Signature, if changing Registered | I 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 = Månager

MGRM = Managing Member Type of Action Name <u>Address</u> _ Add Remove ☐ Add Remove ☐ Add Remove Add Remove Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member JO NNSO Typed or printed name of signee.

Page 2 of 2

Filing Fee: \$25.00