

L110000035305

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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(((H11000087885 3)))



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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : CSH SERVICES, LLC
Account Number : 120070000160
Phone : (800) 494-3124
Fax Number : (361) 453-9885

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

Email Address: _____

RECEIVED

11 APR -5 AM 7:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ST. A-2 LLC

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

A. LUNT

APR - 6 2010

EXAMINER

H11000087885 3

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

ST. A-2 LLC

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

FILED
2011 APR -5 AM 9:30
TALLAHASSEE, FLORIDA
and assigned

The Articles of Organization for this Limited Liability Company were filed on 03/23/2011
Florida document number L11000035305

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)

105 CLEVELAND AVE

COCOA BEACH, FL 32931

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

7171 US 1 HIGHWAY NORTH

COCOA, FL 32927

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:

New Registered Office Address:

(Enter Florida street address)

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 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)

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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

Title	Name	Address	Type of Action
			<input type="checkbox"/> Add <input 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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

FILED
2011 MAR -5
9:18
ALLAHABAD
STATE
SECRETARY

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

Dated MARCH 31ST, 2011

K. R. Patel
Signature of a member or authorized representative of a member

KAMLESHKUMAR PATEL
Typed or printed name of signee