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EXAMINER

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SECRETARY OF STATE

COVER LETTER

то:	Registration S Division of Co				
SUBJE	ECT:	Valencia S	St. Augustine, LLC		
					
The en	closed Articles of	f Amendment and fee(s) are su	bmitted for filing.		
Please	return all corresp	ondence concerning this matte	r to the following:		
			Chris Shee		
			Name of Person		
		Ja	indler & Company, Inc.		
			Firm/Company		
			734 Abby Mist Drive	_	
			Address		
			St. Johns, FL 32259		
			City/State and Zip Code		
		E-mail address: (Chrislxa1@aol.com to be used for future annual repor	t notification)	<u> </u>
For fur	ther information of	concerning this matter, please of			
	(Chris Shee	at (_904_)	838-7153	
Name of Person		Area Code & Daytime Telephone Numb		mber	
Enclose	ed is a check for t	he following amount:			
\$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enc	Certi	Filing Fee, ficate of Status & ified Copy (tional copy is enclosed)
MAILING ADDRESS:		STREET/CO	OURIER ADDRESS	ς.	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Valencia St. A	ugustine, LLC	<u> </u>		_	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	<u>any as it now appear</u> Liability Company)	rs on our records.)			
The Articles of Organization for this Limited Liability Company	y were filed on	April 8, 2011	and	assigne	d
Florida document numberL11000042504					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited lial	bility company her	<u>·e</u> :			
The new name must be distinguishable and end with the words "Lim"L.L.C."	ited Liability Compa	any," the designation	"LLC" or t	the abbre	viation
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 or registered agent and/or the new registered office address here.		our records, <u>enter</u>	the nam	e of the	e new
			₹		
Name of New Registered Agent:				=	
New Registered Office Address:	Eva	ter Florida street ac	±m	<u> </u>	<u></u>
	En		ACCESS (~ [
	City	, Florida _	Zip C	ode	
New Registered Agent's Signature, if changing Registered Agent:	!		TATE	# (ن :

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:

Type of Action

MGRM = Managing Member <u>Title</u> <u>Name</u> **Address**

MGR = Manager

MGR_	Christopher S. Shee	734 Abby Mist Drive St. Johns, FL 32259	Add Remove
<u>MGRM</u>	Jandler & Company, Inc.	734 Abby Mist Drive St. Johns, FL 32259	✓ Add ☐ Remove
MGRM_	Little Harbour Plaza, Inc.	2809 Ocean Drive South Jacksonville, FL 32250	Add Remove
MGR_	Muserref Senturk	2809 Ocean Drive South Jacksonville, FL 32250	✓ Add Remove
			Add Remove
			Add Remove
D. If amendi	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)	_
			_
			<u> </u>

May 11 2011 . Dated _____ Signature of a member or authorized representative of a member Obris Shee, President of Jandler & Company, Inc.

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Filing Fee: \$25.00