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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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COVER LETTER

Registration Section Division of Corporations

TO:

	OT ALIOUS	TIME VENTURES I I O	W.	
SUBJECT:	UBJECT: ST.AUGUSTINE VENTURES,LLC Name of Limited Liability Company			
The enclosed Article	es of Amendment and fee(s) are	submitted for filing.		
Please return all corr	respondence concerning this ma	atter to the following:		
		JOSIF ATANASOSKI		
	Name of Person			
1800 N HWY US 1 Address				
	0	RMOND BEACH FL 32174		
	, i, , i , i =====			
			**	
		ss: (to be used for future annual report noti	neation)	
For further informati	ion concerning this matter, plea	se call:		
	ENE SCHIAVONE	at (386)	677-8100	
Na	me of Person	Area Code & Daytin	ne Telephone Number	
	for the following amount:			
₹ \$25.00 Filing Fea	c \$30.00 Filing Fee & Certificate of Statu	S55.00 Filing Fee & Certified Copy (additional copy is enclosed	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
M	AILING ADDRESS:	STREET/COUR	STREET/COURIER ADDRESS:	
Re	gistration Section	Registration Section	Registration Section Division of Corporations	
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Clifton Building		
		2661 Executive C Tallahassee, FL 3		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ST.AUGUSTINE \	/ENTURES,LLC	<u> </u>	
(Name of the Limited Liability Compar (A Florida Limited L	n y as it now appears on liability Company)	our records.)	
The Articles of Organization for this Limited Liability Company Florida document numberL11000068913	were filed on(06/13/2011	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and end with the words "Limit "L.L.C."	ted Liability Company,"	the designation "LLC	C" or the abbreviation
Enter new principal offices address, if applicable:	595 NOR-	th NOVA-	Rd suite 10
(Principal office address MUST BE A STREET ADDRESS)		Beach F	
	32	124	
F-4	-ar 11.		/a=
Enter new mailing address, if applicable:	395 N. NOI	ON KA SUN	702
(Mailing address MAY BE A POST OFFICE BOX)	ORMUNA L	MACH, FL	3479
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here Name of New Registered Agent: New Registered Office Address:		records, <u>enter the</u>	name of the new
	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 agre the provisions of all statutes relative to the proper and compl accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	lete performance of m provided for in Chapte	y duties, and Lam er 608, F.S. Orzif	familiar with and this document is
If Chan	ging Registered Agent, Si		ered Acen
Page 1	of 2	ORIE ORIE	 ©

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 Type of Action Title Name Address MGRM. JOSIF ATANASOSKI 1800 N HWY US 1 ✓ Add Remove ORMOND BEACH EL 32174 WAYNE GOVE MGB □ Add ☐ Remove Remove \square Add Remove ∏Add ☐Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Significant of a member or authorized representative of a member

Typed or printed name of signee
Page 2 of 2

JOSIF ATANASOSKI

Filing Fee: \$25.00