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COVER LETTER

TO:

Registration Section **Division of Corporations**

St. Augustine Ventures, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Josif Atanasoski

Name of Person

ST Augustine Ventures, LLC

Firm/Company

1800 N US HWY 1

Address

Ormond Beach, FL 32174

City/State and Zip Code

ja@micrflexinc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Suzana Petkovska

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

\$25.00 Filing Fee

□\$30.00 Filing Fee & Certificate of Status □\$55.00 Filing Fee & Certified Copy (additional copy is enclosed) □\$60.00 Filing Fee, Certificate of Status & 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

St Augustine Ventures, LLC				
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on our rec Limited Liability Company)	cords.)		
The Articles of Organization for this Limited Liability (Florida document number L11000068913	Company were filed on _6/13/2011	an	d assign	ned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lim	nited liability company here:			
The new name must be distinguishable and end with the wo	ords "Limited Liability Company," the des	ignation "LLC" or	the abb	reviation
Enter new principal offices address, if applicable:		Ser Ca	2013	
(Principal office address MUST BE A STREET ADD	RESS)		8	
		13 and (13 and		an water
Enter new mailing address, if applicable:		200 - 100 -	- PK	(T) (***)
(Mailing address MAY BE A POST OFFICE BOX)			6 0	
B. If amending the registered agent and/or registered agent and/or the new registered office ade Name of New Registered Agent: New Registered Office Address:	dress here:	is, enter the na	me of	the new
		Florida	<u> </u>	
	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

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u> MGR	Name Wayne Gove	Address 880 Airport Rd Unit#10	Type of Action Add
		Ormond Beach, FL 32174	Remove
			Add
		Serve Constitution of the	Remove
		11.	Add
			Remove
			Add Remove
			- Add
			Remove

} If a	mending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
·	·
ited_	Oct 10, 2013
	Jet Atumer
	Signature of a member or authorized representative of a member
	Josif Atanasośki
	Typed or printed name of signee

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Filing Fee: \$25.00

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