

L11000130643

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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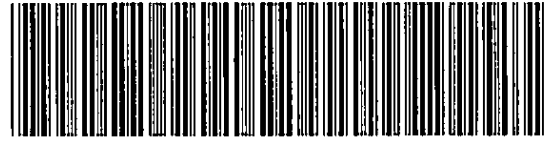
(Business Entity Name)

(Document Number)

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TO: Registration Section  
Division of Corporations

SUBJECT: 7335 A1A, 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:

JOHN P. MAAS, ESQ.  
Name of Person  
JOHN P. MAAS, P.A.  
Firm/Company  
44 NE 16 STREET  
Address  
HOMESTEAD, F  
City/State and Zip Code  
LSTG714@AOL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CANDY BROWNLOW 305 247-7231  
Name of Person at ( ) 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 Address:  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

7335 A1A, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 11/16/2011 and assigned Florida document number L11000130643.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

N/A

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

N/A

(Principal office address MUST BE A STREET ADDRESS)

N/A

N/A

Enter new mailing address, if applicable:

N/A

(Mailing address MAY BE A POST OFFICE BOX)

N/A

N/A

**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:

N/A

New Registered Office Address:

N/A

Enter Florida street address

N/A

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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>                   | <u>Address</u>       | <u>Type of Action</u>                      |
|--------------|-------------------------------|----------------------|--|
| MGRM         | ST. GERMAIN, KEITH            | 16990 SW 266 TERRACE | <input type="checkbox"/> Add               |
|              |                               | HOMESTEAD, FL 33031  | <input checked="" type="checkbox"/> Remove |
|              |                               |                      | <input type="checkbox"/> Change            |
| MGRM         | ST. GERMAIN, LISA             | 16990 SW 266 TERRACE | <input type="checkbox"/> Add               |
|              |                               | HOMESTEAD, FL 33031  | <input checked="" type="checkbox"/> Remove |
|              |                               |                      | <input type="checkbox"/> Change            |
| MGRM         | Keith D. St. Germain, Trustee | 16990 SW 266 Terrace | <input checked="" type="checkbox"/> Add    |
|              |                               | Homestead, FL 33031  | <input type="checkbox"/> Remove            |
|              |                               |                      | <input type="checkbox"/> Change            |
| MGRM         | Lisa A. St. Germain, Trustee  | 16990 SW 266 Terrace | <input type="checkbox"/> Add               |
|              |                               | Homestead, FL 33031  | <input checked="" type="checkbox"/> Remove |
|              |                               |                      | <input type="checkbox"/> Change            |
|              |                               |                      | <input type="checkbox"/> Add               |
|              |                               |                      | <input type="checkbox"/> Remove            |
|              |                               |                      | <input type="checkbox"/> Change            |
|              |                               |                      | <input type="checkbox"/> Add               |
|              |                               |                      | <input type="checkbox"/> Remove            |
|              |                               |                      | <input type="checkbox"/> Change            |

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

The Managing Members have transferred their membership interests into their respective trusts:

Keith D. St. Germain, as Trustee of the Keith D. St. Germain Revocable Trust dated January 26, 2017 and

Lisa A. St. Germain, as Trustee of the Lisa A. St. Germain Revocable Trust dated January 26, 2017

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**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

*(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)*

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated October 4<sup>th</sup> 2021

Lisa A. St. Germain  
Signature of a member or authorized representative of a member

Lisa A. St. Germain, Trustee  
\_\_\_\_\_  
Typed or printed name of signee