

# L130000062848

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

\_\_\_\_\_  
(Business Entity Name)

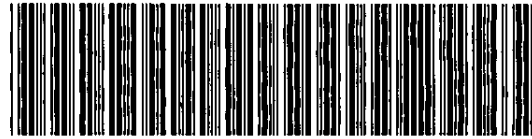
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13 NOV -5 PM 4:27  
SECRETARY OF STATE  
CORPORATION DIVISION

DEC 09 2014

S. YOUNG



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 19, 2014

WAYNE OGG  
375 THISTLEDOWN WAY  
THE VILLAGES, FL 32162

SUBJECT: ST. ALBAN'S MORTGAGE, LLC.  
Ref. Number: L13000062848

FILED  
13 NOV - 2 11 42  
REGISTRAR'S OFFICE  
TALLAHASSEE, FLORIDA

We have received your document for ST. ALBAN'S MORTGAGE, LLC. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

The name of the entity cannot include "INC." This word/abbreviation is readily associated with or is commonly used to denote another type of entity. Please amend your document throughout accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Shelia H Young  
Regulatory Specialist II

Letter Number: 014A00024623

REC'D  
14 DEC - 5 AM 10:00  
REGISTRAR'S OFFICE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: St. Alban's Mortgage, 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:

Wayne Ogg  
Name of Person

Firm/Company

375 Thistledown Way  
Address

The Villages, FL 32162  
City/State and Zip Code

wayneogg@embarqmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Wayne Ogg at (352) 751-7261  
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

13 NOV - 5 11:21  
FILED

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

**St. Alban's Mortgage, 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 04/29/2013 and assigned Florida document number L13000062848

This amendment is submitted to amend the following:

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

~~FGS LLC~~ FGT LLC

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) \_\_\_\_\_

Enter new mailing address, if applicable: \_\_\_\_\_  
(Mailing address MAY BE A POST OFFICE BOX) \_\_\_\_\_

13 APR 30 11 02 AM  
TALLAHASSEE, FLORIDA

**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 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type</u>
MGR	Penny E. Windsor	375 Thistledown Way	<input checked="" type="checkbox"/> Add
		The Villages, Florida 32162	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

SECURITY  
 13  
 Remove  
 Add  
 Remove

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

Four horizontal lines for amending information.

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

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated December 2, 2014.

*Wayne OGG*

Signature of a member or authorized representative of a member

WAYNE OGG

Typed or printed name of signee

13 NOV - 5 11 46 27  
FILED  
CLERK OF COURT  
STATE OF FLORIDA