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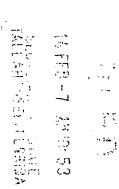
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## **COVER LETTER**

TO: Registration Section
Division of Corporations

ST. AUGUSTINE REAL ESTATE HOLDINGS, 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:

Sean W. Kelley, Esq.

Name of Person

Kelley and Kelley, P.L.

Firm/Company

43 Cincinnati Ave.

Address

St. Augustine, FL 32084

City/State and Zip Code

chadbowling@reunionbank.com

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

For further information concerning this matter, please call:

Sean Kelley

<sub>•(</sub>904<sub>)</sub>819-9706

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 REAL ESTATE HOLDINGS, 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 L Florida document number L13000138905	iability Company	were filed on OCTOB	ER 2, 2013	and assigned
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name o	f the limited liabil	lity company here:		
The new name must be distinguishable and end with the	words "Limited Liabi	lity Company," the designation	on "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applic	able:			
(Principal office address MUST BE A STREE	T ADDRESS)			
			<del></del>	· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:		53 Sea Front Trail	1	
(Mailing address MAY BE A POST OFFICE BOX)		Palm Coast, FL 32	2164	3
				. 7
B. If amending the registered agent and/ registered agent and/or the new registered of				name of the ner
Name of New Registered Agent:	Chad Bowlin	ıg		•
New Registered Office Address:	New Registered Office Address: 53 Sea Front Trail			
	Enter Florida street address			
	Palm Coast		_, Florida 32164	4
		City	Z	ip 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

Page 1 of 3

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 = Man AMBR = Aut	nager horized Member		
<u>Title</u>	Name	Address	Type of Action
MGR	Chad Bowling	53 Sea Front Trail	Add
		Palm Coast, FL 32164	C Remove
MGR	Stephen Sevigny	1325 Oak Forest Drive	□ Add
		Ormond Beach, FL 32174	4 ■ Remove
			□ Add
		:	Remove
			Add _
			□ Remove
	·		_□ Add
			_□ Remove
			_
<del></del>			_□ Add
			_□ Remove

D. If amending any other information, enter change(s) here: (Atta	ch additional sheets, if necessary.)
Effective date, if other than the date of filing:  (The effective date must be specific, cannot be prior to date of receipt or filed date a the date this document is filed by the Florida Department of State)	(optional) and cannot be more than 90 days after
Dated January 22 2014	
Signature of a member or authorized rep	resentative of a member
Chad Bowling	1
Typed or printed name of	<b>7 </b>

Page 3 of 3

Filing Fee: \$25.00