

L4000035465

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800275439508

08/03/15--01049--018 \*\*30.00

FILED  
15 AUG -3 11 51  
2015

AUG 04 2015

S. YOUNG

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

S/V St. George Grandchildren LLC

**SUBJECT:** \_\_\_\_\_  
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:

Jesse Lombard

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

16 Attawanhood Trail

\_\_\_\_\_  
Address

Old Saybrook, CT 06475

\_\_\_\_\_  
City/State and Zip Code

Jesse Lombard <jlombard16@comcast.net>

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

For further information concerning this matter, please call:

Atty. David Scully

954

764-1005

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
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

FILED  
15 AUG -3 PM 4:11

**TO  
ARTICLES OF ORGANIZATION  
OF**

S/V St. George Grandchildren 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 March 1, 2014 and assigned  
Florida document number L14000035465

This amendment is submitted to amend the following:

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

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:**

**(Principal office address MUST BE A STREET ADDRESS)**

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

16 Attawanhood Trail  
Old Saybrook, CT 06475

**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: Jesse Lombard

New Registered Office Address:

Enter Florida street address

City, Florida 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

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	Paixao, Judith A		<input type="checkbox"/> Add
		534 SW 11th Avenue, Fort Lauderdale	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	Lombard, Kevin A		<input type="checkbox"/> Add
		534 SW 11th Avenue, Fort Lauderdale	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

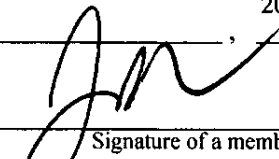
Blank lined area for document content.

FILED  
AUG-3 PM 4:11  
2015

**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 July 29, 2015

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Jesse Lombard  
\_\_\_\_\_  
Typed or printed name of signee