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B. BOSTICK

MAY - 6 2014

EXAMINER

## **COVER LETTER**

TO: Registration Sec Division of Corp				
SUBJECT: 101FS	STREET LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspon	dence concerning this matter	to the following:		
	Franklyn D.	O'Rourke		
		Name of Person		
		Firm/Company		
	PO Box 840	111		
		Address		
	St Augustine	e FL 32080		
		City/State and Zip Code		
	fdorourke@gmail	I.COM to be used for future annual report notifica	ition)	
For further information co	ncerning this matter, please ca	·	,	
Franklyn D	O'Rourke	at (904) 806-30	63	
Name of	Person	(	elephone Number	C27 C27 C27
Enclosed is a check for the	e 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 Sta Certified Copy (additional copy is e	atus &

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

101FSTREET LLC			
(Name of the Limi	ted Liability Company as it now (A Florida Limited Liability Con	v appears on our records.) mpany)	
The Articles of Organization for this Limited L	iability Company were filed	on March 20, 2014	and assigned
Florida document number L14000046373			
This amendment is submitted to amend the following	6372 owing:		
A. If amending name, <u>enter the new name o</u>	f the limited liability comp	oany here:	
The new name must be distinguishable and end with the	words "Limited Liability Compar	ny," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if appli	cable:		201.
(Principal office address MUST BE A STREI	<del></del>	·	. 1
		,	. `
		· <del>-</del>	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE		and the same and t	
(Mutung uduress MAT BE A FOST OFFICE	<u></u>		<del> نور</del> .
B. If amending the registered agent and registered agent and/or the new registered of New Registered Agent:	-		he name of the ne
Name of New Registered Agent.			
New Registered Office Address:	101 F Street	nter Florida street address	
			222
	St Augustine	, Florida <u>32</u>	080
	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, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Susan M Gregory	101 F Street	
		St Augustine FL 32080	■ Remove
AMBR	Franklyn D O'Rourke	PO Box 840111	■ Add
	,	St Augustine FL 32080	Remove
	<del> </del>		
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		:	— □ Add
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. If amending any other info	ormation, enter change(s) here: (Attach additional sheets, if neces	ssary.)
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<del></del>	;	
Effective date, if other than     (The effective date must be specific     the date this document is filed by	the date of filing: (option; cannot be prior to date of receipt or filed date and cannot be more than 90 days at the Florida Department of State)	nal) fter
Dated April 28	2014	
Dated	,	
<		
<		
	Signature of a member or authorized representative of a member	
	SUSAN WANE MITCHELL GREGORT	
	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00