## L140000 68757

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**J. STATERS** JUN 1 0 2014

## **COVER LETTER**

TO:	Registration:Sec Division of Corp		n e	* 4:
SUBJI	ECT: <u>IRWIN &amp; I</u>	RWIN ST. AUGUSTINE, Name of Lim	LLC, L14000068757 ited Liability Company	
The en	closed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspon	dence concerning this matter	to the following:	
		Gin	a D. Irwin Lee	<del></del>
			Name of Person	
		Irwin & Irw	vin St. Augustine, LLC	
			Firm/Company	
		12321 Br	righton Bay Trail N.	
			Address	
		Jackso	onville, FL 32246	
			City/State and Zip Code	
			gatgor@aol.com	
		·	to be used for future annual report notif	ication)
For fur	ther information co	ncerning this matter, please ca	all:	
Cha	arles W. Littell		at ( <u>352</u> ) <u>416-3474</u>	
	Name of	Person	Area Code Daytime	Telephone Number
Enclos	ed is a check for the	e following amount:		
<b>\$</b> 2:	5.00 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:

TO:

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 ARTICLES OF ORGANIZATION **OF**

<del></del>	
( <u>Name of the Limited Lia</u> (A Flo	ability Company as it now appears on our records.) orida Limited Liability Company)
The Articles of Organization for this Limited Liabil	lity Company were filed on April 28, 2014 and assigned
Florida document number <u>L14000068757</u>	
his amendment is submitted to amend the following	ng:
A. If amending name, <u>enter the new name of the</u>	limited liability company here:
he 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	e:
Principal office address MUST BE A STREET A	DDRESS)
Mailing address MAY BE A POST OFFICE BOX	<b>V</b>
	istered office address on our records, <u>enter the name of the new</u>
	istered office address on our records, <u>enter the name of the new</u>
3. If amending the registered agent and/or regi	istered office address on our records, <u>enter the name of the new</u>
3. If amending the registered agent and/or registered agent and/or the new registered office  Name of New Registered Agent:	istered office address on our records, <u>enter the name of the new</u>
3. If amending the registered agent and/or regi registered agent and/or the new registered office	istered office address on our records, <u>enter the name of the new</u>
3. If amending the registered agent and/or registered agent and/or the new registered office  Name of New Registered Agent:	istered office address on our records, enter the name of the new address here:  Enter Florida street address  Florida
3. If amending the registered agent and/or registered agent and/or the new registered office  Name of New Registered Agent:	istered office address on our records, enter the name of the new address here:  Enter Florida street address  City  Zip Code

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 = Mans AMBR = Auth	ager orized Member		
Title	Name	Address	Type of Action
MGR, AMBR	Gina D. Irwin Lee	12321 Brighton Bay Trail N.	Add
		Jacksonville, FL 32321	🗆 Remove
AMBR	Charles W. Littell	4041 NW 37th Place Suite B	
		Gainesville, FL 32606	Remove
			_□ Remove
		, AL	Add
		EEE CONTROL OF THE CO	Remove
	· <u></u>	Ē, FLORIDA	D Add
			_□ Remove -
			_□ Add
			_□ Remove

ffective date, if other than the date of filing:	other than the date of filing:(optional)
e effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days af edate this document is filed by the Florida Department of State)	
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date this document is filed by the Florida Department of State)	st he specific, compatine prior to date at receipt at filled date and capital be mare than 40 days all
1ed May 28 , 2014.	
, 251	28 2014
Dua O Gurio Kle	Dua O Gurio Kee
Signature of a member or authorized representative of a member	Signature of a member or authorized representative of a member
Gina D. Irwin Lee	Gina D. Irwin Lee
Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00

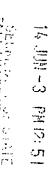


Table 1