L14000061757

(Red	questor's Name)	
(Add	lress)	
(Add	Iress)	
(City	/State/Zip/Phone	e #)
•		
PICK-UP	WAIT	MAIL
(Bus	iness Entity Nar	ne)
(Doc	ument Number)	
Certified Copies	Certificates	of Status
,		
Special Instructions to F	iling Officer:	

Office Use Only



100260362501

06/11/14--01005--028 **125.00



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF

IRWIN & IRWIN ST. AUGUSTINE, 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 <u>April 28, 2014</u> Florida document number <u>L14000068757</u> .	and assigned
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 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)	
B. If amending the registered agent and/or registered office address on our records, enter the registered agent and/or the new registered office address here: Name of New Registered Agent:	he name of the new
New Registered Office Address:	Prof. on Symp. A second
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>	Name	Address	Type of Action
MGR, AMBR	Gina D. Irwin Lee	12321 Brighton Bay Trail N.	Add Add
		Jacksonville, FL 32321	□ Remove
AMBR	Charles W. Littell	4041 NW 37th Place Suite B	□ Add
		Gainesville, FL 32606	Remove
			□ Add
			Remove
		- SECA	_□ Remove
		CANASSET FL	Add
		DE A	_DRemove
			 □ Add
			_□ Remove

,4		
		
		
ve date, if other th	an the date of filing:(o	ptional)
ective date must be spec	fic, cannot be prior to date of receipt or filed date and cannot be more than 9	
ective date must be spece this document is filed	fic, cannot be prior to date of receipt or filed date and cannot be more than 90 by the Florida Department of State)	
ective date must be spec	fic, cannot be prior to date of receipt or filed date and cannot be more than 90 by the Florida Department of State)	
etive date must be spece this document is filed	fic, cannot be prior to date of receipt or filed date and cannot be more than 9	

Page 3 of 3

Filing Fee: \$25.00

SECAL AND AFTIN 53

SECAL AND AFTINES

[ALLAHASSEE, FLORID