

L14000094822

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

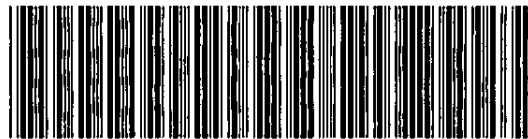
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

JAN 20 2016  
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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** St. Anthony Properties **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:

C. W. Swenson

Name of Person

LLcCorpUSA

Firm/Company

2637 E. Atlantic Blvd. # 1095

Address

Pompano Beach, FL 33062

City/State and Zip Code

sgiventures@gmail.com

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

For further information concerning this matter, please call:

C. W. Swenson

713 266-0224  
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)

*Fl. Dept. of State*

**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

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TALLAHASSEE, FLORIDA

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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

St. Anthony Properties 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 6-12-14 and assigned  
Florida document number L14000094822.

This amendment is submitted to amend the following:

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

St. Anthony Holdings LLC

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:**

2637 E. Atlantic Blvd.

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

#1095

Pompano Beach, FL 33062

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

2637 E. Atlantic Blvd.

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

#1095

Pompano Beach, FL 33062

**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:

C. W. Swenson

New Registered Office Address:

2637 E. Atlantic Blvd. #1095

*Enter Florida street address*

Pompano Beach

Florida

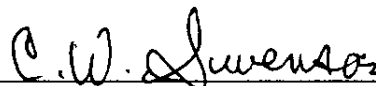
*City*

33062

*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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Total Prosperity LLC	4301 NE 1st Terrace	<input type="checkbox"/> Add
		Ste. 3	<input checked="" type="checkbox"/> Remove
		Pompano Beach, FI 33334	<input type="checkbox"/> Change
AMBR	Gary Hagen	2637 E. Atlantic Blvd.	<input checked="" type="checkbox"/> Add
		# 1095	<input type="checkbox"/> Remove
		Pompano Beach, FL 33062	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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[illegible]

**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.

Dated January 8, 2016

C. W. Jensen - AR  
Signature of a member or authorized representative of a member

Typed or printed name of signee

**Filing Fee: \$25.00**

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