L14000180673

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09/08/20--01013--001 **25.00



COVER LETTER

Div	ision of Corp	orations					
SUBJECT:	ST JOHNS I	FORGE, LLC					
	Name of Limited Liability Company						
The enclosed	l Articles of A	anendment and fee(s) are sub	mitted for filing.				
Please return	all correspon	dence concerning this matter	to the following:				
		Brian W. Tindell					
			Name of Person	 	·		
			Firm/Company				
		512 Loveland Place					
	Address						
		St. Johns, FL 32259					
		btindell@comcast.net	City/State and Zip Code				
For further it	iformation co	E-mail address: () neerning this matter, please or	to be used for future annual ill:	report notification)			
Brian W. Ti	ndell		904 23	7-0555			
	Name of	Person	at () Area Code	Daytime Telepho	one Number		
Enclosed is a	check for the	following amount:					
■ \$25,00 }	filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee of Certified Copy (additional copy is enc		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
<u>Mai</u>	iling Address:		Street A	ddress:			

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ST JOHNS FORGE, LLC

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If Changing Registered Agent, Signature of New Registered Agent

The Articles of Organization for this Limited Liability Company				
Florida document number <u>L14000180673</u>	were filed on and assigned			
Florida document number				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "L.L.C." or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:	88 Riberia Street, Suite 360			
(Principal office address MUST BE A STREET ADDRESS)	Saint Augustine, FL 32084			
Enter new mailing address, if applicable:	512 Loveland Place			
(Mailing address MAY BE A POST OFFICE BOX)	St. Johns, FL 32259			
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new registered			
Name of New Registered Agent:				
Name of New Registered Agent:				
Name of New Registered Agent: New Registered Office Address:	Enter Florida street address			
	Enter Florida street address Florida City Zip Code			

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 Section State State State of Action Title Name Address □Add _____ □ Add ______ DRemove _____ Change _____ □Remove _______Change ______ Remove ______ □Remove _____ Change □Remove

_____ □Change

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Note: If the date in	ther than the date of fili sted, the date must be specific a serted in this block does not date on the Department of	t meet the applicable	ate of filing or more than statutory filing requi	(optional) 90 days after filing.) Purs rements, this date will r	uant to 605.0207 not be listed as t
	·				
e record specifies a ord is filed.	lelayed effective date, but n	ot an effective time,	at 12:01 a.m. on the	earlier of: (b) The 90th	n day after the
Dated	9/3	2020		1	
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Filing Fee: \$25.00