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OCT 11 2019 S. YOUNG 9/20/19

I pent the commendment (3) day
ago- just realized this morning
check was still in check book - so
bending again

So sarry for the confusion.

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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: St. John Street UC 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:
MANY JANE DENNISON (segistered agent)
St John Street, LCC Firm/Company
1816 Vander voit Road
City/State and Zip Code  Agreatins lady @ aul.com  E-mail address: (to be used for future annual report notification)
Agreatins lady e aut.com
For further information concerning this matter, please call:
MARY TRUE DENVISOR at (813) 220 669   Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee

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

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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

St John Street CCC (Name of the Limited Liability Companion (A Florida Limited Liability)	-	
(Name of the Limited Liability Company (A Florida Limited Lia	y as it now appears on our records.) shility Company)	
he Articles of Organization for this Limited Liability Company worlds document number <u>4150000 4330</u>	vere filed on	and assigned
his amendment is submitted to amend the following:		
If amending name, enter the new name of the limited liability $\omega$		
e new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or	the abbreviation "L.L.C."
ter new principal offices address, if applicable:	N/A	_ <del></del>
incipal office address MUST BE A STREET ADDRESS)		
ter new mailing address, if applicable:	N/A	25 P
ailing address MAY BE A POST OFFICE BOX)		6. 1. CRID.
If amending the registered agent and/or registered officestered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:		enter the name of the new
	, Flori	
<del></del>	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

Page 1 of 3

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 = Ma AMBR = An	anager uthorized Member		
Title	<u>Name</u>	Address	Type of Action
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an effective di	nte is listed, th	than the that a date must be in this block	epecific and c	annot be prior	to date of i	iling or more	than 90 days	optional) after filing.)	Pursuant to 605.0 vill not be listed
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Filing Fee: \$25.00