

LIS000016969

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

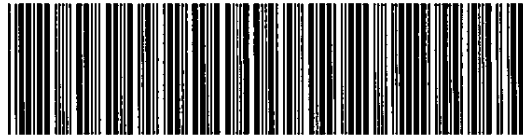
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Amend

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03/19/15--01014--022 **25.00

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15 APR 19 PM 1:17
FBI - ALBANY
1500 ALBANY STREET
ALBANY, NY 12207

**M. MILLIGAN
EXAMINER**

APR 13 2015

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: South St. Pete I, 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:

Jonathan D Field

Name of Person

South St. Pete I, LLC

Firm/Company

13902 N. Dale Mabry Hwy, Suite 220

Address

Tampa, FL 33618

City/State and Zip Code

jdfield@emerge180.com

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

For further information concerning this matter, please call:

Jonathan Field

813 341-0507

Name of Person

at ()

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)

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

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

South St. Pete I, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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TAMPA

The Articles of Organization for this Limited Liability Company were filed on January 28, 2015 and assigned
Florida document number L15000016969.

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 name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Jonathan D Field

New Registered Office Address:

13902 N. Dale Mabry Hwy, Suite 220

Enter Florida street address

Tampa

City

, Florida 33618

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.

Jonathan D Field
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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MBR	Matrixx, LLC	247 Shrewsbury Avenue	☐ Add
		Red Bank, NJ 07701	☒ Remove
MBR	Thomas Collard	3 Shrewsbury Drive	☐ Add
		Rumson, NJ 07760	☒ Remove
MGR	Lori Klarich	72 Glenwood Road	☒ Add
		Colts Neck, NJ 07722	☐ Remove
MBR	Collard Florida I, LLC	P.O. Box 3187	☒ Add
		Rumson, NJ 07760	☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove

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TREASURY DEPARTMENT
CLERK OF SUPERIOR COURT

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

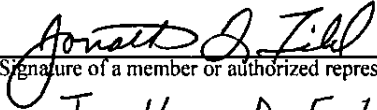
There is a typo in Article III of the Articles of Organization. A "J" was added to
the last name of Jonathan D Field.

We have included this in Section B above.

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated March 16, 2015.



Signature of a member or authorized representative of a member

Jonathan D Field

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA