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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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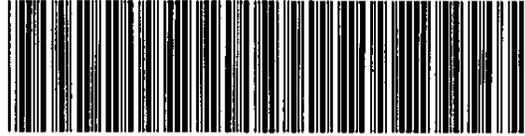
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2015 APR - 8 PM 3: 58

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APR 22 2015  
J. HARRIS

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: THE WATER OAKS OF ST. JOHNS, 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:

**SIMON D. ROTHSTEIN**  
Name of Person  
**ADAMS, ROTHSTEIN AND SIEGEL, P. A.**  
Firm/Company  
**4417 BEACH BLVD., SUITE 104**  
Address  
**JACKSONVILLE, FLORIDA 32207**  
City/State and Zip Code  
**SKIPLAW@ARSJAXLAW.COM**  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**SIMON D. ROTHSTEIN** at ( **904** ) **398-1419**  
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)

**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

LAW OFFICES  
ADAMS, ROTHSTEIN & SIEGEL, P.A.

SIMON D. ROTHSTEIN  
SETH L. ROTHSTEIN  
LIANA ROTHSTEIN HOOD

JOHN R. ADAMS (1889-1969)  
A. H. ROTHSTEIN (1906-1985)  
EDWARD SIEGEL (RETIRED)

4417 BEACH BOULEVARD, SUITE 104  
JACKSONVILLE, FLORIDA 32207  
PHONE (904) 398-1419  
FAX (904) 398-1395

April 7, 2015

**BY UPS OVERNIGHT DELIVERY**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

Re: The Water Oaks of St. Johns, LLC

Dear Ladies and Gentlemen:

Enclosed is an original and photocopy of the Articles of Amendment to Articles of Organization of The Water Oaks of St. Johns, LLC and a \$30.00 check drawn on the firm's trust account issued payable to the Secretary of State for payment of the filing fee and Certificate of Status. Also enclosed is a prepaid, self-addressed UPS overnight envelope for return of the filed copy and Certificate of Status.

If you have any questions, please let me hear from you.

Sincerely,



Simon D. Rothstein

SDR/kmm

Enclosures

cc: Mr. Marti McCoy  
(with enclosures)

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

**THE WATER OAKS OF ST. JOHNS, 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 MARCH 17, 2015 and assigned Florida document number L15000048535.

This amendment is submitted to amend the following:

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

SOUTHPOINT OAKS LLC

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:

6621 SOUTHPOINT DR. N., 2ND FLOOR

(Principal office address MUST BE A STREET ADDRESS)

JACKSONVILLE, FLORIDA 32216

Enter new mailing address, if applicable:

6621 SOUTHPOINT DR. N., 2ND FLOOR

(Mailing address MAY BE A POST OFFICE BOX)

JACKSONVILLE, FLORIDA 32216

**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: \_\_\_\_\_

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 \_\_\_\_\_

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
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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>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
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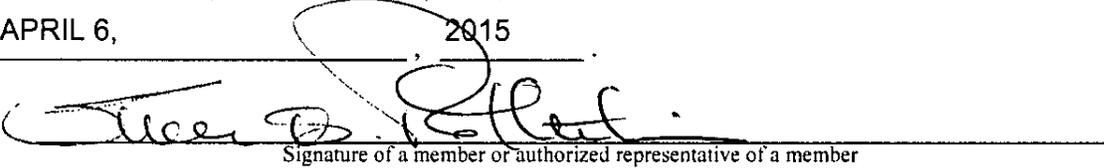
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

E. Effective date, if other than the date of filing: APRIL 10, 2015 (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 APRIL 6, \_\_\_\_\_, 2015



Signature of a member or authorized representative of a member

SIMON D. ROTHSTEIN

Typed or printed name of signee

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED