L15000203111

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DEC 22 2015

S. YOUNG

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: SAINT A. VENTURES 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:

SALVATORE C. BOLOGNA
Name of Person

Firm/Company

P.O. BOX 410944
Address

MELBOURNE, FL. 32941
City/State and Zip Code

JSCBREVARD@GMAIL.COM
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

SAL BOLOGNA at (321) 752-2823
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

TO
ARTICLES OF ORGANIZATION
OF

SAINT A. VENTURES 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 12/07/2015 and assigned Florida document number L15000203411.

This amendment is submitted to amend the following:

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

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: N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: N/A

(Mailing address MAY BE A POST OFFICE BOX)

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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: N/A
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

or removed from our records:

MGR = Manager
AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR	PENSCO TRUST COMPANY	CUSTODIAN	☐ Add
			☒ Remove
			☐ Change
MEMBER	PENSCO TRUST CO	CUSTODIAN FBO	☒ Add
		SALVATORE E. BOCCOGNA	☐ Remove
		P.O. BOX 26903	☐ Change
		SAN FRANCISCO, CA. 94126	☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated 12/17/2015

Salvatore E. Bologna
Signature of a member or authorized representative of a member

SALVATORE E. BOLOGNA
Typed or printed name of signee

Filing Fee: $25.00

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

Detail by Entity Name

Florida Limited Liability Company

SAINT A. VENTURES LLC

Filing Information

Document Number	L15000203411
FEI/EIN Number	NONE
Date Filed	12/07/2015
Effective Date	12/07/2015
State	FL
Status	ACTIVE

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TALLAHASSEE, FLORIDA

Principal Address

72 WEEDEN ST
ST. AUGUSTINE, FL 32084

Mailing Address

P.O BOX 410944
MELBOURNE, FL 32941

Registered Agent Name & Address

GARAGOZLO, PATRICIA E
3903 POST RIDGE TRAIL
MELBOURNE, FL 32934

Authorized Person(s) Detail

Name & Address

Title MGR

BOLOGNA, SALVATORE E
P.O BOX 410944
MELBOURNE, FL 32941

Title MGR

PENSCO TRUST COMPANY CUSTODIAN

P.O BOX 26903
SAN FRANCISCO, CA 94126

Annual Reports

No Annual Reports Filed

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