## L16000188140

(Re	questor's Name)	
(Ad	dress)	
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(Cit	ry/State/Zip/Phone	÷#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
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## **COVER LETTER**

TO:

Registration Section

Tallahassee, FL 32314

Div	ision of Cor	porations		
CUBICT	St. Charles	Plaza, LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	l Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Matthew Andre		
			Name of Person	
		St. Charles Plaza, LLC		
			Firm/Company	
		612 Sylvan Reserve Cove		
			Address	
		Sanford, FL 32771		
			City/State and Zip Code	
		sharb6@aol.com	to be used for future annual repor	t natitivation)
For further i	nformation c	oncerning this matter, please of	·	· maniculon,
Matthew Ar			407 463-32	24
	Name o	f Person	at () Area Code D	aytime Telephone Number
Enclosed is a	t check for th	ne following amount:		
■ \$25.00 I	filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	iling Addres		Street Addre	
	gistration S vision of C	orporations	Registration Division of	Corporations
	) Box 632			of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF CORE OF ALMS OF

21 APR -2 FH 3:53

St. Charles Plaza, LLC

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

(A Florida Limited Liability Company)

Florida document number L16000188140  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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "  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 neagent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  Florida	iability Company," the designation "LLC" or the abbreviation "L.L.C."	(A Florida Limited	d Liability Company)		
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 neagent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  Enter Florida street address	iability Company," the designation "L.I.C." or the abbreviation "L.I.C."    Company, "the designation "L.I.C." or the abbreviation "L.I.C." or t		y were filed on Octob	er 11, 2016	and assigned
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 magent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  Florida	iability Company," the designation "L.I.C." or the abbreviation "L.I.C."    Company, "the designation "L.I.C." or the abbreviation "L.I.C." or t	This amendment is submitted to amend the following:			
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 magent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  Florida	Enter Florida street address  City Zip Code	A. If amending name, enter the new name of the limited lia	ability company here:	:	
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 neagent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  Florida	Enter Florida street address  City Zip Code	The new name must be distinguishable and contain the words "Limited Lia	bility Company," the desig	anation "LLC" or the abb	reviation "L.L.C."
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 neagent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  Florida	Enter Florida street address  City  Zip Code	Enter new principal offices 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 nagent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  Florida	Enter Florida street address  City Zip Code	Principal office address MUST BE A STREET ADDRESS)			
B. If amending the registered agent and/or registered office address on our records, enter the name of the no agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  Florida	Enter Florida street address  City  Zip Code	Enter new mailing address, if applicable:			
Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  Florida	Enter Florida street address, Florida City Zip Code	Mailing address MAY BE A POST OFFICE BOX)			
New Registered Office Address:  Enter Florida street address	Enter Florida street address, Florida City Zip Code		e address on our reco	ords, <u>enter the name</u>	of the new register
Enter Florida street address Florida	, Florida	Name of New Registered Agent:			
Florida	•	New Registered Office Address:	Enter Florida	street address	
7:- (-1	•			Florida	
Chy zip Coac			City		Zip Code

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 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	1412109 17 0000 0	
<u>Title</u>	Name Walland Andreand Angela B	Address 21 AFR -2 PM 3: 53	Type of Action
AMBR	Andre as Trustees of the	612 Sylvan Reserve Cove, Sanford, FL 32771	<b>\</b> Add
	Name Matthew W Andre and Angela B Andre as Trustees of the Andre Family Joint Trust Dated November 28, 2017		□Remove
			□Change
		<del> </del>	□ Add
			Remove
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			⊡Remove
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	other information, enter change(s) here	21 APR -2 FA 3: 53	
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n effective date is o <mark>te:</mark> If the date	other than the date of filing:  listed, the date must be specific and cannot be prior inserted in this block does not meet the applicative date on the Department of State's records.	to date of filing or more than 90 days after able statutory filing requirements, the	r filing.) Pursuant to 605.0207
ecord specifies is filed.	a delayed effective date, but not an effective ti	me. at 12:01 a.m. on the earlier of: (	o) The 90th day after the
ted <u>M</u> ₄	rch 30 . 2021 Wignature of a member or author		
	- ulattu a ho		

Filing Fee: \$25.00