

L16000212610

(Requestor's Name)

(Address)

(Address)

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2016 DEC 12 PM 12:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**K. SALY**

DEC 13 2016



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 30, 2016

ST. GEORGE PLANTATION, LLC.  
GREGORY HINKSON  
P.O. BOX 528  
WEIRSDALE, FL 32195

SUBJECT: ST. GEORGE PLANTATION, LLC.  
Ref. Number: L16000212610

RECEIVED  
2016 DEC 12 AM 11:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for ST. GEORGE PLANTATION, LLC. and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must have a Florida street address. A post office box is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly  
Regulatory Specialist II

Letter Number: 016A00025502

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** ST. GEORGE PLANTATION, 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:

GREGORY HINKSON

\_\_\_\_\_  
Name of Person

ST. GEORGE PLANTATION, LLC.

\_\_\_\_\_  
Firm/Company

P.O. BOX 528

\_\_\_\_\_  
Address

WEIRSDALE, FLORIDA 32195

\_\_\_\_\_  
City/State and Zip Code

GHINKSON1@GMAIL.COM

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

For further information concerning this matter, please call:

GREGORY HINKSON

352 748-2017

\_\_\_\_\_  
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**

ST. GEORGE PLANTATION, LLC.

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

**FILED**  
2016 DEC 12 PM 12:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 11/21/2016 and assigned  
Florida document number L16000212610.

This amendment is submitted to amend the following:

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

ST. GEORGE PLANTATION, LLC.

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:

(Principal office address MUST BE A STREET ADDRESS)

116090 SE 165<sup>th</sup> AVE  
WEIRSDALE FL 32195

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P.O. Box 528  
WEIRSDALE FL 32195

**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:

GREGORY HINKSON

New Registered Office Address:

116090 SE 165<sup>th</sup> AVE  
Enter Florida street address

WEIRSDALE

City

Florida 32195

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

**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**

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	JENNIFER A. MORRISON	205 WORTH AVE. # 119	<input type="checkbox"/> Add
		PALM BEACH, FL 3380	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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SECRETARY OF STATE

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

N/A

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2016 DEC 12 PM 12:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**E. Effective date, if other than the date of filing: 11/23/2016 (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 NOVEMBER 23, 2016

Signature of a member or authorized representative of a member

GREGORY HINKSON

Typed or printed name of signee