## 117000025910

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone #	)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Name)	
(Da	ocument Number)	
(DC	cument Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	





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## **COVER LETTER**

Division of Co	orporations				
SUBJECT:	SAINT JOHN CON	STUCTION LLC			
	Name of Lin	ilted Liability Company		• ••• •••••••••••••••••••••••••••••••••	
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.			
Please return all corresp	pondence concerning this matter	to the following:			`
	F	ARAH CRUZ			
		Name of Person			
	F.	AIL SAFE ACCOU	NTING LLC		
		Firm/Company			
	20 S. ROSE AVE SUITE 4				
		Address			
	KISSIMI	MEE FL 34741		<u></u> ₹	20
		City/State and Zip Code			ラー
	FARAH( E-mail address: (	②FAILSAFETAX.C to be used for future annual	OM report notification	- <del>                                     </del>	2017, CEL 3.1
For further information	concerning this matter, please e	all:		m.: m.: m::	P=-4/-
FARAH CRL	JZ	at (407)	201-7988		> "
Name	of Person	at ( <u>407</u> ) Area Code		ione Number(17)	
Enclosed is a cheek for	the following amount:				
☑ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee of Certified Copy (additional copy is enc		3 \$60,00 Filing Is Certificate of Certified Copy (additional copy)	Status &
MAI	LING ADDRESS:	STREE	I/COURIER AD	DDRESS:	

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

TO:

Registration Section

## 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

SAINT JOHNS CONSTRUCTION					
(Name of the Limit	ted Liability Compa (A Florida Limited	iny as it now appears on our record Liability Company)	<u>is.</u> )		
The Articles of Organization for this Limited 1. Florida document number $\frac{1.17000025910}{1.17000025910}$	iability Company	were filed on <u>02/01/2017</u>	and assigned		
This amendment is submitted to amend the foll	owing:				
A. If amending name, enter the new name o	f the limited liab	oility company here:			
√A					
he new name must be distinguishable and contain the v	vords "Limited Liabi	lity Company," the designation "LLC	" or the abbreviation "L.L.C."		
Inter new principal offices address, if applic	able:	3813 ABURNDALE AVE			
Principal office address MUST BE A STREE		ORLANDO FL 32839			
			26.		
Inter new mailing address, if applicable:		3813 ABURNDALE AVE	AHASSAHA TILL S		
(Mailing address MAY BE A POST OFFICE BOX)		ORLANDO FL 32839	Mil m		
		<del>, ,</del>			
3. If amending the registered agent and registered agent and/or the new registered or			ls, enter the hame of the		
Name of New Registered Agent:	FAIL SAFE ACCOUNTING LLC				
New Registered Office Address:	20 S ROSE AV	/E SUITE 4			
		Enter Florida street addre.	35		
	KISSIMMEE	**	34741		

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

1 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>	Address	Type of Action
MBR	DANIA SANTOS	3813 ABURNDALE AVE	<b>⊞</b> Add
		ORLANDO FL 32839	☐ Remove
			☐ Change
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	<b>1884</b>					=
F Effective date	if other than the da	te of filing:	07/25/201	7	ptional)	
(If an effective date	is listed, the date must be	specific and cannot be		g or more than 90 days a	ifler filing.) Pursuant to 605	
	e inserted in this block ctive date on the Depai			filing requirements.	this date will not be list	ed as t
If the record spe	cifies a delayed ef	ffective date, bu	t not an effect	ive time, at 12:0	1 a.m. on the earli	er of:
(b) The 90th a	ay after the record	is mea.				
Dated	ТН	2017				
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		7 ·	. <' -			

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Filing Fee: \$25.00