

L1700019409

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

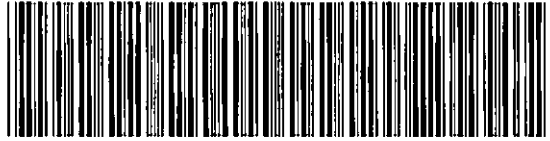
(Business Entity Name)

(Document Number)

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NOV 17 2017 4:55 PM
FALLAHOUSE, MO 63028

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ST JAMES PLACE PHASE IV, 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:

SAM LUPOWITZ
Name of Person

LUPOWITZ, LLC
Firm/Company

10155 COLLINS AVENUE, #1404
Address

BAL HARBOUR, FL 33154
City/State and Zip Code

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

For further information concerning this matter, please call:

SAM LUPOWITZ at (786) 417-4142
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

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

ST JAMES PLACE PHASE IV, LLC

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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
17 NOV 17 AM 4:55

The Articles of Organization for this Limited Liability Company were filed on MAY 31, 2017 and assigned
Florida document number L17000119409.

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 "L.L.C."

Enter new principal offices address, if applicable:

10155 COLLINS AVENUE, #1404

(Principal office address MUST BE A STREET ADDRESS)

BAL HARBOUR, FL 33154

Enter new mailing address, if applicable:

10155 COLLINS AVENUE, #1404

(Mailing address MAY BE A POST OFFICE BOX)

BAL HARBOUR, FL 33154

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

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>
AMBR	TAREK KIRSCHEN	16850 COLLINS AVE., #112	<input type="checkbox"/> Add
		SUNNY ISLES BEACH, FL. 33160	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	SAM LUPOWITZ	10155 COLLINS AVENUE, #1404	<input checked="" type="checkbox"/> Add
		BAL HARBOUR, FL 33154	<input 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
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Multiple horizontal lines for amending information.

17 NOV 17 AM 4: 55

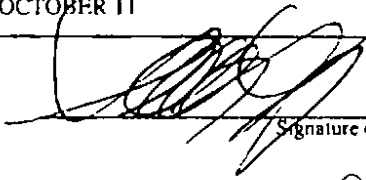
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: AUGUST 20, 2017 (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 OCTOBER 11 2017



Signature of a member or authorized representative of a member

Sam Lupowitz

Typed or printed name of signee