117000150902

(Requestor's Name)
(Address)
(Address)
(identity)
(City/State/Zip/Phone #)
(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
·

Office Use Only



200303036792

08/30/17--01016--004 *+25.00

17 AUG 30 AM II: 49

AUG 3 1 2017 Y SULKER

COVER LETTER

TO: Registration So Division of Cor						
218 San Ma						
		ited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
	Amy Marie Vo, Esq.					
		Name of Person				
	St. Johns Law Group					
		Firm/Company				
	104 Sea Grove Main Street					
		Address				
	St. Augustine, Florida 32080					
	avo@silawgroup.com	City/State and Zip Code				
	- · · ·	to be used for future annual report notific	cation)			
For further information of	concerning this matter, please co	ıll:				
St. Johns Law Group Firm/Company 104 Sea Grove Main Street Address St. Augustine, Florida 32080 City/State and Zip Code avo@sjlawgroup.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Amy Marie Vo. Esq. 904 495-0400 at (
Name o	of Person	Area Code Daytime	Telephone Number			
Enclosed is a check for t	he following amount:					
■ \$25.00 Filing Fee			☐ \$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

218 San Marco, 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 $\frac{7/13/17}{1}$ ____ and assigned Florida document number L17000150902 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 "LLC." 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 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

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>	Address	Type of Action
MGR	Gregory Crum	3175-1 A1A South	■ Add
		St. Augustine, Florida 32080	□ Remove
			□ Change
MGR	Donna E. Lyon	665 Nuatical Way	
		St. Augustine, Florida 32080	■ Remove
			Change
			Add
			□ Remove
			□ Glange
			Remove
			•
			□ Add
			☐ Change
			🗆 Add
			☐ Remove
			☐ Change

	•							-
	· · · · · · · · · · · · · · · · · · ·							_
								-
								_
								-
								_
								_
								-
								_
								-
								_
								-
							- 17	_
						1.5 -1.7	AUG	
						SS	630	_
	· ·							-
							AH	F
						ON O	::	
Effective d	ate if other than the day	te of filing:			(a)	To Strength	64	
<u>Note:</u> If th	ate, if other than the date date is listed, the date must be date inserted in this block effective date on the Department	does not meet	the applicable	ate of filing or mo statutory filing	re than 90 days a requirements.	fter filing.) Pursi this date will r	uant to 60 not be lis)5,020 ted a:
	specifies a delayed ef h day after the record		e, but not a	n effective ti	me, at 12:0	1 a.m. on tl	he earl	ier o
Dated Aug	ıst 15	· 2	017					
	Sio	nature of a mem	ber or authorize	o d representative	of a member			

Page 3 of 3

Filing Fee: \$25.00