

L18000085652

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

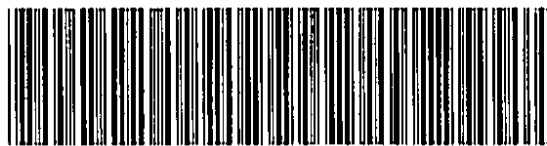
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 12 2019

T SCHROEDER

COVER LETTER

**TO: Registration Section
Division of Corporations**

St Augustine Industrial Park, LLC

SUBJECT: _____
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 D Hill

Name of Person

St Augustine Industrial Park, LLC

Firm/Company

44 Corey Cay Ave

Address

St Augustine, FL 32092

City/State and Zip Code

StAugustineIndustrialPark@hotmail.com

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

For further information concerning this matter, please call:

Gregory Hill

904

429-7118

at (_____) _____

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

**TO
ARTICLES OF ORGANIZATION
OF**

ST AUGUSTINE INDUSTRIAL PARK, 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 04/04/2018 and assigned
Florida document number L18000085652.

This amendment is submitted to amend the following:

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

SAIP, LLC

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)

175 Cumberland Park Drive #101

St Augustine, FL 32095

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

175 Cumberland Park Drive #101

St Augustine, FL 32095

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: Coast to Coast Murphy Beds, LLC

New Registered Office Address: 175 Cumberland Park Drive #101

Enter Florida street address

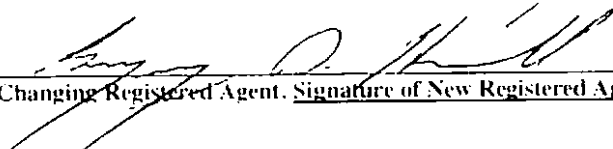
St Augustine Florida 32095

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

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	Hill, Gregory D		<input type="checkbox"/> Add
		44 Corey Cay Ave St Augustine, FL 32092	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Hill, Gayle C		<input type="checkbox"/> Add
		44 Corey Cay Ave St Augustine, FL 32092	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Coast to Coast Murphy Beds, LLC	175 Cumberland Park Drive #101, St Augustine, FL 32095	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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TALLAHASSEE FLORIDA

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TALLAHASSEE, FLORIDA

15 APR 2019

E. Effective date, if other than the date of filing: _____ (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.

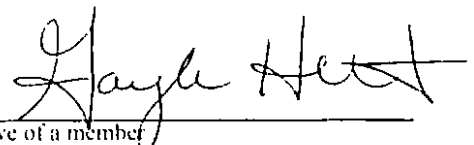
02 APR

2019

Dated _____


Gregory D Hill

Signature of a member or authorized representative of a member



GAYLE C HILL

Typed or printed name of signee