K21000232807

(Re	questor's Name))
(Ad	dress)	
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(Cit	y/State/Zip/Phor	ne #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	ime)
(Do	ocument Number	·)
Certified Copies	_ Certificate	es of Status
Special Instructions to	Filing Officer:	
		6/28/21 Tm





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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	porations		
CHIN IDOM	UGUSTINE LLC		
SUBJECT:	Name of Lim	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:	
	LLOYD GRANET		
		Name of Person	
	LLOYD GRANET, P.A.		
		Firm/Company	
	2295 NW CORPORATE I	30ULEVARD, SUITE 235	
		Address	
	BOCA RATON, FL 33431	İ	
	-	City/State and Zip Code	
	terri.keogh@castropropertic		
	E-mail address: (to be used for future annual report not	ification)
For further information c	oncerning this matter, please c	all:	
LLOYD GRANET		561 999.9300 at ()	
Name of Person		Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne 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 Addres Registration S		<u>Street Address:</u> Registration Se	ection
Division of C		Division of Co	
P.O. Box 632	.7	The Centre of T	Fallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

21 MAY 25 PH 12: 47

SR16 ST AUGUSTINE 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 MAY 19, 2021	and assigned
Florida document number L21000232807		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	ae abbreviation "L.L.C."
Enter new principal offices address, if applicable:	101 E SILVER SPRINGS BOULEV	ARD, SUITE 200
(Principal office address MUST BE A STREET ADDRESS)	OCALA, FL 34482	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the n</u>	ame of the new registered
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 = M $AMBR = A$	anager uthorized Member		21 MAY 25 PH 12:	L, 7
<u>Title</u>	<u>Name</u>	Address	21 HAT 25 TIME	Type of Action
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			 -	Remove
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rument's effective date o	n the Department of Si	tate's records.				
ecord specifies a delayed is filed.	effective date, but not	an effective time, a	at 12:01 a.m. on the	he earlier of: (b)	The 90th day after	r the
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MAY 24		2021				
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Filing Fee: \$25.00