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## **COVER LETTER**

Division of Corporations		
SUBJECT:	14437 Sterlin	ng Run, LLC
JUINDET.		Name of Limited Liability Company
The enclosed	Articles of A	mendment and fee(s) are submitted for filing.
Please return	ali correspon	dence concerning this matter to the following:
		John E. Napolitano, Esq.
		Name of Person
		Napolitano Law, LLC
		Firm/Company
		233 Della Court
		Address
		Spring Hill, Florida 34606
		City/State and Zip Code jnapolitanolaw@mac.com
		E-mail address: (to be used for future annual report notification)
For further in	formation co	ncerning this matter, please call:
John E. Napo	olitano, Esq.	352 600.7977 at ( )
	Name of	Person Area Code Daytime Telephone Number
		•
Enclosed is a	check for the	following amount:
■ \$25.00 F	iling Fee	\$30.00 Filing Fee & Certificate of Status    S55.00 Filing Fee & Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)    S60.00 Filing Fee, Certificate of Status & Certificate Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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

14437 Sterling Run, LLC (Name of the L mired 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 February 10th, 2016 and assigned Florida document number ____L16000028660 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 15009 Tamarind Loop, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Eater 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 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

Page 1 of 3

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 Type of Action <u>Address</u> <u>Title</u> <u>Name</u> _□ Add _□ Remove ☐ Change □ Add _□ Remove ☐ Change _□ Add ☐ Remove ☐ Change □ Add _□ Remove _□ Change _□ Add □ Remove ☐ Change □ Add

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Filing Fee: \$25.00