

L0300 0052293

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

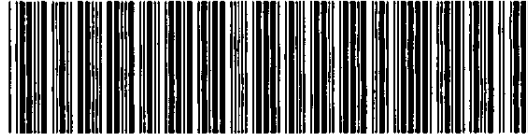
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA

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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: WATERFORD STERLING, 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:

**Gerson Hernandez**  
Name of Person  
**General Corporate Services Inc.**  
Firm/Company  
**829 W. Palmdale Blvd #68**  
Address  
**Palmdale CA 93551**  
City/State and Zip Code  
**gerson@companiesinc.com**  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Gerson Hernandez** at ( **661** ) **310 2823**  
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**

WATERFORD STERLING, 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 12/12/2003

Florida document number L03000052293

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

23638 Lyons Avenue

*(Principal office address MUST BE A STREET ADDRESS)*

No: 223

Santa Clarita CA 91321

Enter new mailing address, if applicable:

23638 Lyons Avenue

*(Mailing address MAY BE A POST OFFICE BOX)*

No: 223

Santa Clarita CA 91321

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:

REGISTERED AGENTS INC

New Registered Office Address:

3030 N. Rocky Point Drive, STE 150A

Enter Florida street address

Tampa

Florida 33607

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.*

Bill Havre  
If Changing Registered Agent, Signature of New Registered Agent

age of Bill Havre/Assistant Secretary

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
MGR	Tyler T Tedrow	200 S. Knowles Ave	<input type="checkbox"/> Add
		Winter Park FL 32789	<input checked="" type="checkbox"/> Remove
MGR	Jeff Glass	23638 Lyons Avenue	<input checked="" type="checkbox"/> Add
		No: 223	<input type="checkbox"/> Remove
		Santa Clarita CA 91321	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove

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

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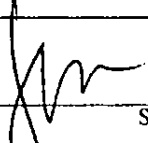
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated December 02, 2015



Signature of a member or authorized representative of a member

Jeff Glass - Manager

Typed or printed name of signee

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2015 DEC -04 A 9:52  
SECRETARY OF STATE  
JENNIFER F. FLORIDA