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SEGRETARY OF STATE OR STATE OF CORPORATIONS
09 AUG - 3 PM 12: 20

T. HAMPTON

AUG - 4 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations						
SUBJECT: STIRAAT REALTY HOLDINGS 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:						
Shelly J. Stirat Name of Person						
Firm/Company						
···						
Address						
Teguesta, FL 33469						
33 Saddle back Rd. Address Teguesta, Fr. 33469 City/State and Zip Code SStivate fox Wackeen. Com E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Shelly Stirrat ar (Sol, 2521890						
Name of Person Area Code & Daytime Telephone Number						
Enclosed is a check for the following amount:						
\$25.00 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) (additional copy is enclosed) (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

STIRRAT REALTY HOLDINGS LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

· (A	riorida Limited Liability Company				
The Articles of Organization for this Limited Lie Florida document number	ability Company were filed on <u>0</u>	3/15/2004	and assig	gned	
This amendment is submitted to amend the follo	wing:				
A. If amending name, enter the new name of	the limited liability company he	ere:			
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Comp	oany," the designation "	LLC" or the ab	breviation	
Enter new principal offices address, if applica			09 AU	SECRE	
(Principal office address MUST BE A STREET	[ADDRESS]		မ	FILE OF CO	
Enter new mailing address, if applicable:			PH 12:	OF STAT	
(Mailing address MAY BE A POST OFFICE B	<u> </u>		20	2.0	
B. If amending the registered agent and/or registered agent and/or the new registered offi	ce address here:			the new	
Name of New Registered Agent:	Shelly J.	Stirrat			
New Registered Office Address:	Shelly J. Stirrat 33 Saddle back Rd. Enter Florida street address				
	Tequesta			7	
	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 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, Lhereby 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

Title ' Name **Address** Type of Action 33 Saddleback Rd. Tequesta, Fr 33469 MGRM □ Add 🔯 Remove Shelly J. Stirrat MGRM 🔀 Add ___ Add Remove Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 2009 Signature of a member of authorized representative of a member SHELLY STIRRAT
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00