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	(Req	uestor's Name)	
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EXAMINER

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COVER LETTER

TO:

	ration Section ' n of Corporations		
SUBJECT:	ADS S	SARASOTA, LLC	
sebacer		mited Liability Company	
The enclosed Ar	ticles of Amendment and fee(s) are s	submitted for filing.	
Please return all	correspondence concerning this mat	ter to the following:	
		Alan D. Stearns	
•		Name of Person	
		ADS SARASOTA, LLC Firm/Company	
		1 min/Company	- 2
4762 Hunters Run		ACC #2	
		Address	2H2 NEW 20 SECRETARY
		Sarasota, FL 34241	20
	 	City/State and Zip Code	P
		adstearns10@aol.com	PH +
•	E-mail address	s: (to be used for future annual report notification	ORNER.
For further infor	mation concerning this matter, please	e call:	**
	Alan D. Stearns	at (941) 374-	2191
	Name of Person	Area Code & Daytime Telep	phone Number
Enclosed is a ch	eck for the following amount:		
\$25.00 Filing	g Fee \$\Bigcup \\$30.00 \text{ Filing Fee & Certificate of Status}	S55.00 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 A Registration Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, FL 32301	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ADS	SARASOTA, LLC	
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on our real Limited Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Florida document number	Company were filed on:	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lir	mited liability company here:	
		1 1 1 1 1 1 1 1 1 1
The new name must be distinguishable and end with the w "L.L.C."	ords "Limited Liability Company," the de	signation "CLC" or the abbreviation
Enter new principal offices address, if applicable:		(S) (A) (A) (A) (A) (A) (A) (A) (A) (A) (A
(Principal office address MUST BE A STREET ADD	DRESS)	TO 7
		52 *
		一
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		
B. If amending the registered agent and/or regi		is, enter the name of the new
registered agent and/or the new registered office ad	dress nere:	
Name of New Registered Agent:		
New Registered Office Address:		
•	Enter Florida	ı street address
<u> </u>		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 608. 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 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

Type of Action Title Name <u>Address</u> Rebecca A. Stearns MGRM 4762 Hunters Run ☐ Add Sarasota, FL 34241 ✓ Remove ☐ Add Remove Remove Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated 9-22 _ . 20/2 . Signature of a member or authorized representative of a member Alan D. Stearns Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00