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2015 NOV - 4 PH 12: 13

C. GOLDEN
DEC - 9 2019

COVER LETTER

Div	ision of Corpo	orations				
SUBJECT:		ilty of Southwest Florida, LL	_C			
Name of Limited Liability Company						
The enclosed	d Articles of A	mendment and fee(s) are subn	nitted for filing.			
Please return	all correspond	dence concerning this matter to	o the following:			
		Steven E Leek				
			Name of Person			
		Sterling Realty of Southwest	t Florida, LLC			
			Finn/Company			
		26105 Hickory Blvd Suite 3				
			Address			
		Bonita Springs FL 34134				
		leek_0505@yahoo.com	City/State and Zip Code			
		E-mail address; (to	be used for future annual report not	ification)		
For further is	nformation cor	accerning this matter, please cal	II:			
Steven E L	eek		815 494-5706 at () Area Code Daytin			
	Name of F	Person	Area Code Daytin	ne Telephone Number		
Enclosed is a	check for the	following amount:				
□ \$25.00 F	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)		

TO:

Registration Section

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

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

Sterling Realty of Southwest Florida, LLC

2018 NOV -4 PIT12: 13

The Articles of Organization for this Limited Liability Company	were filed on _	9/15/2006	and assigned
Florida document number <u>L060000 9/635</u>			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company	<u>here</u> :	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the	designation "LLC" or the abbr	eviation "L.L.C."
Enter 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 of		on our records, <u>enter tl</u>	ne name of the nev
registered agent and/or the new registered office address here	2:		
Name of New Registered Agent:			
•			
New Registered Office Address:	Enter Fi	lorida street address	
	, Florida		
***************************************	City		Zip Code
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p	performance o	of my duties, and I am fai	niliar with and

If Changing Registered Agent, Signature of New Registered Agent

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 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
Sec.	Catherine L North	16304 Molise Place Bonita Springs FL 34135	Add
			■ Remove
			Change
			□ Add
			Remove
			☐ Change
			Add
			☐ Remove
			☐ Change
			Add
			☐ Remove
			☐ Change
			□ Add
		 .	Remove
			☐ Change
			□ Add
			□ Remove
			Change

		<u></u>		
ffective date if other than	the date of filing:		(ontional)	
iote: If the date inserted in the	e must be specific and cannot be nis block does not meet the ap he Department of State's reco	plicable statutory filing requ	(optional) in 90 days after filing.) Pursuant to irrements, this date will not be	605.0207 listed as
e record specifies a del The 90th day after the		t not an effective time,	at 12:01 a.m. on the ea	irlier o
ated 10 October	. <u>20</u> /	9		
SAI	<u>20</u> /			
	- · ·	authorized representative of a n	nember	-

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Typed or printed name of signee

Filing Fee: \$25.00