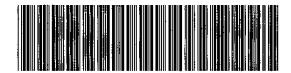
## L07000126163

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
·						

Office Use Only



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10/15/10--01060--011 \*\*30.00



J. BRYAN

OCT 18 2010

**EXAMINER** 

## **COVER LETTER**

TO:	Registration S Division of Co	Section orporations				
SUBJ						
2000						
The en	closed Articles o	of Amendment and fee(s) are su	bmitted for filing.			
Please	return all corresp	oondence concerning this matte	er to the following:			
			Karen Ankney Name of Person			
			Name of Person			
			Firm/Company	•		
	504 <del>2</del> 6 <b>5</b>					
	Address					
			Naples, FL 34108	tification)	<u>-</u> ۲	
	City/State and Zip Code					
		kan	kney@crawfordgrp.com (to be used for future annual report not	7		
For fur	ther information	concerning this matter, please		mication)	•	
		aren Ankney	at ( 239 )	593-6170		
Name of Person			Area Code & Dayti	me Telephone Number		
Enclos	ed is a check for	the following amount:				
\$25	0.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 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/COUR Registration Sect Division of Corp Clifton Building 2661 Executive C Tallahassee, FL 3	orations Center Circle			

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Steri	ina Acquisiti	on Group, LL	С	SERVICE	
(Name of the Limited	Liability Compar Florida Limited L	ny as it now appears iability Company)	s on our records.)	SEE STORY	
The Articles of Organization for this Limited Life Florida document number		were filed on	12/20/2007	and assigned	
Florida document number	•				
This amendment is submitted to amend the following	owing:				
A. If amending name, enter the new name o	f the limited liab	ility company here	2:		
	Sterling Glo	bal, LLC			
The new name must be distinguishable and end win "L.L.C."	th the words "Limi	ted Liability Compar	ny," the designation "L	LC" or the abbreviation	
Enter new principal offices address, if applic	able:	999 Vanderbil	t Beach Road, Su	uite 504	
(Principal office address MUST BE A STREE	TADDRESS)	Naples, FL 3	4108		
Enter new mailing address, if applicable:		999 Vanderbilt Beach Road, Suite 504			
(Mailing address MAY BE A POST OFFICE	Naples, FL 3	4108			
B. If amending the registered agent and/registered agent and/or the new registered of			ur records, enter t	he name of the new	
Name of New Registered Agent:	Todd Rader	·			
New Registered Office Address:	999 Vanderbilt Beach Road, Suite 504				
		Ent	er Florida street addi	ress	
		Naples	, Florida	34108	
		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 = Ma $MGRM = N$	nager Aanaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
• • • • • • • • • • • • • • • • • • • •			Add Remove
<u>.</u>			Add Remove
			Add Remove
D. If amen	ding any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)	_
_			F 10 OCT SEGNEN
Dated	September 21 , 20		TILED T 15 MIII: 42 SSEE FLORIDA
	Todd	or or authorized representative of a member	<u>⊼</u>

Page 2 of 2

Filing Fee: \$25.00