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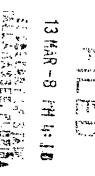
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: STM Properties 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:
Steven T. Magace Name of Person
STM Properties L. LLC Firm/Company
625 Commerce Drive # 106
Lakeland, 31 33813 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Stocy Myd800 at (863, 769, 1510) 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) 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

(Name of the Limited Liability (A Florida	ty Company as it now appears a Limited Liability Company)	on our records.)	_	
The Articles of Organization for this Limited Liability Florida document number \(\lambda \lambda \lam	Company were filed on Anh		id assig	<u>ş</u> ned
This amendment is submitted to amend the following:				
A. If amending name, <u>enter the new name of the li</u>	mited liability company here:			
The new name must be distinguishable and end with the w	ords "Limited Liability Company	v," the designation "LLC" of	r the ab	breviation
Enter new principal offices address, if applicable:				
Principal office address MUST BE A STREET ADI	ORESS)	µ ¹ 0 ⁸ ₹€4		
		777 g 5 (3) 978		~ 6 5 7
Enter new mailing address, if applicable:		(基本) (本) (本) (2) (2) (2) (2)	8	Service Servic
(Mailing address MAY BE A POST OFFICE BOX)			EK.	
		د برای در از		
			es	
B. If amending the registered agent and/or reg		r records, enter the na	me of	the new
registered agent and/or the new registered office ac	idress here:			
Name of New Registered Agent:				
New Registered Office Address:		 		
	Ente	r Florida street address		
 -		, 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 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

<u>Title</u> .	Name	<u>Address</u>	Type of Action
MGR	ENONS Winkler	4450 Endurs Street	Add
		Orlando, Olorida	Remove
		32814	
			Add
			Remove
			Add
			Remove
			Add
			Remove
			Add
			Remove
			Add
			Remove

D. If a	mending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	·
Dated _	March La . 2013.
	Signature of a member or authorized representative of a member
	Signature of a member of authorized replacements of a member of signee

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Filing Fee: \$25.00