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C. LEWIS
NOV 2.7 2012
EXAMINER

COVER LETTER

TO: Registration Section Division of Corpor			•••
SUBJECT:	Sti KEA	1ty LLC	
	Name of Limite	d Liability Company	
The enclosed Articles of Am	endment and fee(s) are subm	nitted for filing.	
Please return all corresponde	nce concerning this matter to	o the following:	
_	LAGUE	L PEREDA	<u>.                                    </u>
_	Bt. Z	Name of Person  EAITY LLC.	
_	200 5	S. Park RoAn	<u>( # 3</u> 01
_	Ho 1/4	wood, A	3 <u>30</u> 2
-	De Rec	City/State and Zip Code  City/State and Zip Code  DALTA  be used for future annual report notification	JERS, CON
For further information conc	erning this matter, please cal	lt:	
Ag OEL Name of Per	Pereda.	at ( <u>786 693</u> -0 Area Code & Daytime To	OVVO
Enclosed is a check for the fo	ollowing amount:		
\$25.00 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)

## 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

SECRETARY OF STATE

OF 2012 NOV 26 PM 1: 33

	(11 1.3
(Sti KEAlty	1-6 C
(Name of the Limited Liability Compan (A Florida Limited L	iny as it now appears on our records.)
(A Florida Limited L	Liability Company)
The Anticles of Ourselinstine for this Limited Linkills, Comment	were filed on 6/17/08 and assigned
The Articles of Organization for this Limited Liability Company	were filed on and assigned
Florida document number <u>L 08 0000 157</u>	940 <sub>.</sub>
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	bility company here:
The new name must be distinguishable and end with the words "Limit "L.L.C."	ited Liability Company," the designation "LLC" or the abbreviat
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	
registered agent and/or the new registered office address here	<u>re</u> :
•	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter 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 Changing Registered Agent, Signature of New Registered Agent

If amending	the Managers or Managing Members of	on our records, enter the title, name, and address	of each Manage
MGR = Man	nager anaging Member	on our records, enter the title, name, and address our records:  2012 NOV 26 PM 1: 3	ig.
<u>Title</u>	Name	Address	Yype of Action
MGR.	NOAH BREAKA to	NE 2005. PAUX KOZA 4 201	Add
		Hollywood, R 33021	Remove
MGR.	MARY WOLF.	19500 Turnberry Wa	Add
		815 Aventura. R 33/80	Remove
			Add
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-If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
-	
	11/16/2012.
ited	Raguel level .
	Signature of a member of authorized representative of a member  LAGUE LERE
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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