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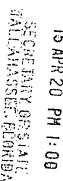
(Re	equestor's Name)	
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COVER LETTER

TO: Registration Section 5 Division of Corporations
SUBJECT: Sterling Paradism Technologies, LCC 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:
Name of Person
Starling Racadigm Technologies, LCC
2635 Tunnel Rd Address E)
Pace, FL 32571 City/State and Zip Code
Vonnie whit lock la amail. com E-mail address: (to be used for future annual report hotification)
For further information concerning this matter, please call:
Tahn Whitlock at (850) 255-2958 Name of Person Area Code Daytime Telephone Number
Mea code Daytine Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee 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 Compan (A Florida Limited Li	ayn Technologies y as it now appears on our records.) (ability Company)	,LCC
The Articles of Organization for this Limited Liability Company of Florida document number <u>LO80006699</u> 99	were filed on 7 / 21 /200	₹ and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil Light Acre Innou The new name must be distinguishable and end with the words "Limited Liabileters".	ations LLC	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	ice address on our records, <u>ent</u> :	er the name of the new
Name of New Registered Agent:	NIA	APR 2
New Registered Office Address:	Enter Florida street address	0 7 7
	, Florida	Zip Gode

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 605, 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 Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

<u>Title</u>	Name	Address	Type of Action
			Add
			☐ Remove
			Add
			☐ Remove
			Add
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If amending any other information, enter change(s) her	e: (Attach additional sheets, if necessary.)
	· · · · · · · · · · · · · · · · · · ·
Effective date, if other than the date of filing: The effective date must be specific, cannot be prior to date of receipt or the date this document is filed by the Florida Department of State)	(optional) filed date and cannot be more than 90 days after
Dated Aprob 18 , 2015	<u>5</u> .
•	
	norized representative of a member
John	Whitlock
	ted name of signee

Page 3 of 3

Filing Fee: \$25.00

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