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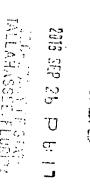
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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Corporations STERLING STAY L.L.C. SUBJECT: 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: Waite, Jan S. Name of Person Firm/Company 675 Oak Ridge Drive Address Hiawassee, GA 30546 City/State and Zip Code waitejks@yahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Waite, Jan S. Daytime Telephone Number Name of Person Enclosed is a check for the following amount: \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) **MAILING ADDRESS:** STREET/COURIER ADDRESS: Registration Section Registration Section **Division of Corporations** Division of Corporations Clifton Building P.O. Box 6327

2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

STERLING STAY L.L.C.		
(Name of the Limited Liability Company as it now appea (A Florida Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Company were filed on	10/23/2008	and assigned
Florida document numberL08000100096		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liability company h</u>	<u>ere</u> : N/A	
The new name must be distinguishable and contain the words "Limited Liability Company," the	designation "LLC" or the at	obreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		7 (A) 23
Enter new mailing address, if applicable:	į	
Mailing address MAY BE A POST OFFICE BOX)	Ţ	<u> </u>
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	<u></u>	
B. If amending the registered agent and/or registered office address of	n our records, <u>enter</u>	the name of the n
registered agent and/or the new registered office address here: \mathcal{N}/\mathcal{A}	2.2 12.5 14.5	
	, ,	٦
Name of New Registered Agent:		
New Registered Office Address:		
	orida 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 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 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>	Address	Type of Action
AMBR	Waite, Sterling R (Treasurer)		
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effect	e date, if other than the date of filing:ive date is listed, the date must be specific and cannot be p	prior to date of fi	iling or more than 90	(optional)	rsuant to 605.02
e: If	the date inserted in this block does not meet the app t's effective date on the Department of State's record	plicable statut			
	rd specifies a delayed effective date, but Oth day after the record is filed.	not an effe	ective time, at	12:01 a.m. on	the earlier
ed	September 20 2016	•			
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00