02/05/2018 12:36PM FAX 9546414192 BLACKSTONE LEGAL SUPPLIE	20001/0004 rage 1 01 1
Frentigla Departing at of State Division of Copporations Electronic Filing Cover State	7/
Note: Please print this page and use it as a cover sheet. Type the fax and (shown below) on the top and bottom of all pages of the document	lit number
(((H16000030588 3)))	
Note: DO NOT hit the REFRESH/RELOAD button on your browser from Doing so will generate another cover sheet.	this page.
To: Division of Corporations Fax Number : (050)617-6383 From: Account Name : FILINGS, INC. Account Number : 072720000101 Phone : (850)385-6735 Fax Number : (954)641-4192	~~4
**Enter the email address for this business entity to be used for annual report mailings. Enter only one email address pleas Email Address:	
State State 0 State Certificate of Status 0 Certificate of Status 0 Certified Copy 0 Page Count 03 Estimated Charge \$25.00	
Electronic Filing Menu Corporate Filing Menu Help	FEB 0 5.2016

i

| |-|

: , ;

I

.:

)5/2016 12:36PM FAX 9546414192		
	BLACKSTONE LEGAL SUPPLIE	20002/0
6000030588 *	TICLES OF AMENDMENT	i 5 k
	ТО	
AR1	TICLES OF ORGANIZATION	
-	OF	
STIRLING CENTER PROPERTI	•	
Name of the Lim	ited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
	Liability Company were filed on November 5, 2010	and assigned
Florida document number L10000115971	•	
This amendment is submitted to amend the fol	lowing:	
, .	_	
A. If smending name, enter the new name of	of the limited liability company here:	
The new name must be distinguishable and contain the	words "Limited Liability Company," the designation "LLC" or th	te abbroviation "LL.C."
Veter	· · · · ·	
Enter new principal ounces address, it appu	cable:	
Enter new principal offices address, if appli (Principal office address MUST BE A STRE		
Principal office address MUST BE A STRE		
• • • • •		
• • • • •		
(Principal office address MUST BE A STRE	<u>ET ADDRESS</u>	
(Principal office address MUST BE A STRE.) Enter new mailing address, if applicable:	<u>ET ADDRESS</u>	
(Principal office address MUST BE A STRE.) Enter new mailing address, if applicable:	<u>ET ADDRESS</u>	
(Principal office address MUST BE A STREA Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B. If amending the registered agent and	<u>ETADDRESS</u>	- 「「「「「」」 出た
(Principal office address MUST BE A STRE Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>ETADDRESS</u>	- 「「「「「」」 出た
(Principal office address MUST BE A STREA Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B. If amending the registered agent and	ET ADDRESS)	ter the name of the new 1
(Principal office address MUST BE A STREA Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B. If amending the registered agent and	<u>ETADDRESS</u>	ter the name of the new 1
 (Principal office address MUST BE A STREA Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B. If amonding the registered agent and registered agent and/or the new registered of Name of New Registered Agent; 	ET ADDRESS)	ter the name of the new 1
(Principal office address MUST BE A STREA Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B. If amonding the registered agent and registered agent and/or the new registered of	ET ADDRESS)	
 (Principal office address MUST BE A STREA Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B. If amonding the registered agent and registered agent and/or the new registered of Name of New Registered Agent; 	ET ADDRESS) (/or registored office address on our records, end files address here: ROBERT S. FORMAN, P. A. 8201 Peters Road, Suite 1000	

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

Page 1 of 3

02/05/2016 12:36PM FAX 9546414192

H16000030588

• • • •

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>	Name	Address	Type of Action	
, 			D Add	
			Remove	
			L] Chango	
		······································		
			Remove	
			Chaogo	
	_1		DAd	
			🛄 🗋 Remove	
		<u></u>	🖂 Change	
····		·	Add	
			Rempyie	
		· · · · · · · · · · · · · · · · · · ·		
			Change	
· <u>_,_</u>		······································	Q Add	
	· .		Remove	
			Change	



BLACKSTONE LEGAL SUPPLIE

.

02/05/2016 12:36PM FAX 9546414192 H16000030588

			····	-
			· · · · · · · · · · · · · · · · · · ·	
	· · · · · · · · · · · · · · · · · · ·			₩++
· · · · · · · · · · · · · · · · · · ·		·		
•				, <u> </u>
······································				
				THE D
•		·	·····	
				ARE G
				5.5
· · · · · · · · · · · · · · · · · · ·				
				·····
		•		
	· · · · · · · · · · · · · · · · · · ·	-	, , <u>,,</u> ,,,	2014 C
	·····	t		
		*		

E. Effective date, if other than the date of filing: _______(optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) <u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated	February 3	2016
	-JAK	MA I Brite
	VV	Signature of a thember or authorized representative of a member

Warren L. Berliner

Typed or printed name of signeo

Page 3 of 3

Filing Fee: \$25.00