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SECRETARY OF STATE
ALL AHASSEF FLORIDA

J. BRYAN

MAR 25 2011

EXAMINER

COVER LETTER

TO:	Registration Se Division of Cor			
SUBJE	CT: CFL	Sterling Pro	perfies LCC ted Liability Company	
The end	losed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please r	eturn all correspo	ndence concerning this matter	to the following:	
		James CFL S Sog Mo Winter Spr	Name of Person Letting Properties Firm@ompany	HAR 24 PH 3: 27 HAR 24 PH 3: 27 SECRETARY OF STATE FALLAHASSEE, FLORIDE
		DAMES Kitche E-mail address: (i	to be used for future annual report notification	tion)
For furt	her information c	oncerning this matter, please o		
	Same o	Kitchens f Person	at (321) 356 - 40 Area Code & Daytime T	elephone Number
Enclose	d is a check for th	ne following amount:		
\$25.	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 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 OF

CFL STERLING PRI	OPERTIES EST
(Name of the Limited Liability Comp. (A Florida Limited	pany as it now appears on our records.) I Liability Company)
The Articles of Organization for this Limited Liability Companiform Florida document number 41000025424	20 ~
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	ability company here:
The new name must be distinguishable and end with the words "Lin"L.L.C."	mited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	3208 W. Lake Mary Bus.
(Principal office address MUST BE A STREET ADDRESS)	3208 W. Lake Mary Bus. # 1710 Lake Mary, FL 32746
	Lake Mary, FL 32'+46
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he	office address on our records, <u>enter the name of the new</u> ere:
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 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> <u>Name</u> <u>Address</u> **Type of Action** Emlenook Dr. Remove Remove ☐ Add ☐ Remove □Add ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated 3-21 - 2000 2011 Signature of a member or authorized representative of a member DAMES KITCHENS Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00