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EXAMINER

COVER LETTER * 3

TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	rporations		
SUBJECT:	ELSIE STERL	ING OVERSIGHT, LLC	
JOBSECT.		nited Liability Company	-
The enclosed Articles of	Amendment and fee(s) are su	ubmitted for filing.	
Please return all correspo	ondence concerning this matte	er to the following:	
	_		
	<u> </u>	GENE J. HOWARD, ESQ.	
		Name of Person	
	EUGENE J.	HOWARD, ESQ. LAW OFFICES	_
		Firm/Company	
	1111 Lincoln Road Suite # 400		
		Address	
	BALANA	U DEACUL EL ODIDA 20400	
	IVIIAIVI	11 BEACH, FLORIDA 33139 City/State and Zip Code	- <u>S</u> 'c.
	Ļ	HOWEGA@AOL.COM	E A
	E-mail address:	(to be used for future annual report notification)	HAT NO
For further information c	oncerning this matter, please	call:	JUN-4 PM I
			10 € 15 II
	J. HOWARD, ESQ.	at (305) 538-6361	- 55 = D
Name of	f Person	Area Code & Daytime Telephone Numb	PH 1: 04 OF STATE E. FLORIDA
Enclosed is a check for th	se following amount:		
	_		
\$25.00 Filing Fee	30.00 Filing Fee & Certificate of Status		iling Fee, cate of Status &
	Continuate of Status		ed Copy
			onal copy is enclosed)
MAILI	ING ADDRESS:	STREET/COURIER ADDRESS:	
Registration Section		Registration Section	
	n of Corporations	Division of Corporations	
P.O. Bo Tallaha	ox 6327 ssee, FL 32314	Clifton Building 2661 Executive Center Circle	
i milmin	,		

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ELSIE STERL	ING OVERSIGHT	, LLC
(<u>Name of the Limited Liability</u> (A Florida L	Limited Liability Company)	rs on our records.)
The Articles of Organization for this Limited Liability C	ompany were filed on	1/12/2012 and assigned
Florida document numberL12000005721	- ·	
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limi</u>	<u>ted liability company her</u>	<u>e</u> :
The new name must be distinguishable and end with the wor 'L.L.C."	ds "Limited Liability Compa	ny," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
<u> Principal office address MUST BE A STREET ADDR</u>	ESS)	管 7
		ARE U
		AR -
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		F STAT
		DRAT O
		A
B. If amending the registered agent and/or regist registered agent and/or the new registered office add		our records, enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
TOW Registered Office Hadress.	En	ter 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> **Address** Type of Action MGRM BRUCE P. SAMUELS 923 N.E. 26 Avenue ☐ Add Hallandale Beach, Fl 33009 Remove MGRM DAVID SAMUELS, TRUSI 10369 Clayton Road St. Louis, MO 63131 ☐ Remove ☐ Add ☐ Remove ☐ Add Remove \square Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member Eugene J. Howard, Esquire Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00