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EXAMINER

COVER LETTER

TO: Registration Se Division of Con				
SUBJECT:		terling, LLC ted Liability Company		
	Amendment and fee(s) are sub	-		
Please return all correspo	ondence concerning this matter	to the following:		r
	Tommy	D. Permenter, Jr., Esqui	re	
	•	Name of Terson		
	The P	Permenter Law Firm, P.A.		
	:	Firm/Company		
	2201 S	.E. 30th Avenue, Suite 20)2	
		Address		
	(Ocala, Florida 34471		
		City/State and Zip Code		·••••4
	Tomi	my@Permenterlaw.com	_	12 F
	·	to be used for future annual report no	tification)	RECT NEC
For further information of	concerning this matter, please c	all:		HILED IO AF ARY OF ASSEE.
Tommy D. F	Permenter, Jr., Esquire	at (352)	622-1811	DEC 10 AM CRETARY OF LAHASSEE.F
	of Person	Area Code & Dayti	ime Telephone Number	1 9: 39 STATE FLORIDA
Enclosed is a check for t	the following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclos	\$60.00 Filing Fee, Certificate of Sta ed) Certified Copy (additional copy	atus &

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 L (A F	Ian Sterling, LLC iability Company as it now appears Iorida Limited Liability Company)	on our records.)				
The Articles of Organization for this Limited Liab Florida document number L120000535		April 20, 2012	and assigned			
This amendment is submitted to amend the follow	ving:					
A. If amending name, enter the new name of the limited liability company here:						
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Company	y," the designation "L	LC" or the abbreviation			
Enter new principal offices address, if applicab	ole:					
(Principal office address MUST BE A STREET ADDRESS)			Z S			
			CR OF			
			FIL FIL HASS			
Enter new mailing address, if applicable:						
(Mailing address MAY BE A POST OFFICE BOX)						
	<u></u>		02 5 3 00 5 9			
B. If amending the registered agent and/or registered agent and/or the new registered office.		r records, <u>enter tl</u>	72.5-			
Name of New Registered Agent:	Robert A. Cromartie					
New Registered Office Address:	11 Island Avenue, #1811					
	Enter Florida street address					
	Miami Beach	, Florida	33139			
	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 actives. 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> Name | **Address** Type of Action Robert Cromartie MGRM 11 Island Avenue, #1811 ☐ Add ✓ Remove Miami Beach, Florida 33139 Robert A. Cromartie MGR 11 Island Avenue, #1811 ✓ Add Miami Beach, Florida 33139. ☐ Remove ☐ Add ☐ Remove ☐ Add Remove □Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) November 2012 Dated Signature of a member or authorized representative of a member Robert A. Cromartie

Page 2 of 2

Typed or printed name of signee

Filing Fee: \$25.00