## L12000 103108

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
<b>V</b>	,	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(D.	-:	
(Bu	siness Entity Na	me)
		•
(Do	cument Number	)
Certified Copies	_ Certificate	s of Status
	•	
Special Instructions to	Filing Officer:	
!		
!		:

Office Use Only



700252716397

11/04/13--01007--016 \*\*25.00

2013 KDV -4 PM 1: 35

NOV -5 2013 T CLINE

## **COVER LETTER**

TO:

	legistration Se Pivision of Cor				
SUBJECT	r: 5W	IFL INVES	STOR, LLC		
			ed Liability Company		
The enclose	sed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please retu	ırn all correspo	ondence concerning this matter	to the following:		
		Jeannell	Sterma v Name of Person		
			Firm/Company		
			, , , , , , , , , , , , , , , , , , , ,		
		P.O. 130			
		Ft MY	City/State and Zip Code		
		E-mail address: (to	embaramail.  o be used for future annual eport notification)	2011	
For furthe	r information c	oncerning this matter, please ca		· <del>-</del> 1	
Jear	mels	Sherman	at (239) 466 - 388	8 3 HOV -4 1	. <b></b> .
	Name o	f Person	Area Code & Daytime Telep	hone Number	ME 2011
Enclosed i	is a check for the	he following amount:			
\$25.00	Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & المنافقة المنا	
×	Registr Divisio P.O. Bo	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COURIER AI Registration Section Division of Corporations Clifton Building 2661 Executive Center C		

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	STOR	, LL						
(Name of the Limited L (A F	<b>iability Compan</b> Iorida Limited Li	y as it now a ability Comp	appears of pany)	n our recor	<u>ds.</u> )			
The Articles of Organization for this Limited Lial Florida document number \_ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	bility Company v	were filed o	m <u>8/10</u>	1201	2	_ and a	ssigned	i
This amendment is submitted to amend the follow	ving:							
A. If amending name, enter the new name of t	<u>he limited liabil</u>	lity compa	ny here:					
					· • · · · · · · · · · · · · · · · · · ·	<u> </u>		
The new name must be distinguishable and end with "L.L.C."	the words "Limite	ed Liability	Company,'	" the design	ation "LLC	C" or the	abbre	viation
Enter new principal offices address, if applical	ole:	604	-Wis	Liey	(ree	KY	) <u>,                                   </u>	toto 1
(Principal office address MUST BE A STREET	ADDRESS)	F+	MY	ers 1	<u>F</u> L	33	910	1
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE Be	<u>0X)</u>				F S	SECRETARY	2813 NDV -4	TERM
B. If amending the registered agent and/or registered agent and/or the new registered offi			s on our	records,	enter the	변화 <b>Itáme</b> 한참 한참	of the	e new
Name of New Registered Agent:	Jean	ne	<u>A.</u>	She	cmo	<u> </u>	<u> </u>	
New Registered Office Address:	1 4010L	Wisk	ey C Enter	reek Florida str	reet addres	Ap	t 20	<u>0                                    </u>
	Ft. M-	City		, Floi	ida <u>3</u>	39 Zip Co	0( de	

## 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 **Title Name** Address **Type of Action** Remove Remove Remove Remove

	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
ated _	10/29 ,2013.
	Jeanne a. Sherryon)
	Signature of a member or authorized representative of a member
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

2813 NOV -4 PM 1: 35

7813 NOV -L PM 1: 3

A CONTRACTOR OF THE PARTY OF TH