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COVER LETTER

Division of Co					
SUBJECT: STERLING	G INVESTMENTS, LLC		* 		
	Name of Lin	nited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Cary P. Sabol, Esq.				٠
		Name of Person		-	
	Law Offices of Cary P. Sa	abol			
Firm/Company				-	
	P.O. Box 15981			هسد وراد است	
Address			- 75, 6 61		
	West Palm Beach, Florida	a 33416			والمعربية. أ أ المعاد يابيد المعادية
		City/State and Zip Code		78.00 FE	
	Csabol@Sabollaw.com			100 100	
		(to be used for future annual report notific	cation)		
For further information of	concerning this matter, please of	call:		禁刑 5	
Cary Sabol		561 281-2744 at ()			
Name o	t'Person	Area Code Daytime	Telephone Number	r	
Enclosed is a check for t	he following amount:				
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ate of Status &	
MAIL	ING ADDRESS:	STREET/COURIE	R ADDRESS:		

TO:

Registration Section

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

STERLING INVESTMENTS, LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 8/17/2012 and assigned Florida document number L12000106316 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N/A The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." N/A Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/A Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: N/A Name of New Registered Agent: New Registered Office Address: Enter Florida street address City

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

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>	<u>Name</u>	Address	Type of Action
AMBR	Lindsay Price	P.O. Box 1922	⊟ Add
		West Palm Beach, FL 33402	☐ Remove
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(If an e Note :	tive date, if other the detective date is listed, the date inserted in ment's effective date o	date must be specific and this block does not r	I cannot be prior to date oneet the applicable sta	of filing or more than states that states of the states of	(optional) 00 days after filing.) Pur ements, this date will	rsuant to 605.020 not be listed a
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	cord specifies a de e 90th day after th			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		

Filing Fee: \$25.00