L13000030554

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NAME OF STATE

C. LEWIS

MAY 2 8 2013

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 2103 STERLING LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Carmen M. Peters, CPA

Name of Person

Fernandez-Bergnes & Assoc., P.A.

Firm/Company

7400 West Flagler Street

Address

Miami, FL 33144

City/State and Zip Code

cpeters@affbcpa.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carmen M. Peters, CPA

{#/}305\648-7100

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

■ \$25.00 Filing Fee

□\$30.00 Filing Fee & Certificate of Status

□\$55.00 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

FILED

13 MAY 24 PM 3: 16

	2103 STERLING LLC	SESSE LA	BESKETABY OF STATE	
(<u>Name of the Limited Li</u> (A F	ability Company as it now appea orida Limited Liability Company)	rs on our records.)	ole, flurida	
The Articles of Organization for this Limited Liab Florida document numberL13000030554		02/27/13	and assigned	
This amendment is submitted to amend the follow	ing:			
A. If amending name, enter the new name of the	ne limited liability company her	<u>re</u> :		
The new name must be distinguishable and end with t "L.L.C."	he words "Limited Liability Compa	any," the designation '	LLC" or the abbreviation	
Enter new principal offices address, if applicab	le:			
(Principal office address MUST BE A STREET	ADDRESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BO	<u> </u>			
B. If amending the registered agent and/or registered agent and/or the new registered office		our records, <u>enter</u>	the name of the new	
Name of New Registered Agent:				
New Registered Office Address:	Fi	nter Florida street aa	ldrove	
	El			
	City	, Florida	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: FILED MGR = Manager MGRM = Managing Member 13 MAY 24 PM 3: 16 SELVETARY OF STATE FALLAHASSEE, FLORIDA <u>Title</u> <u>Name</u> <u>Address</u> Type of Action Remove Remove Remove Remove Remove

The name of managing member is:	t neces	FILI	ΞD
Jose Hernandez Santana	1/3		PM 3: 16
	TALE	ATASSEE	TAJE, HLORIDA
Dated May 22 2013			
Signature of a member or authorized representative of a membe	r		
Jose Hernandez Santana Typed or printed name of signee			
Typed of printed name of signor			

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Filing Fee: \$25.00