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B. BOSTICK

DEC 1 0 2013

EXAMINER

## **COVER LETTER**

TO: Registration Se Division of Cor		
SUBJECT: 54	Jame of Limited Liability Company	
The enclosed Articles of	Amendment and fee(s) are submitted for filing.	
Please return all correspo	endence concerning this matter to the following:	
	John Odb 50 ~  Name of Person	
	Firm/Company	
	69EP; CS+	
	City/State and Zip Code  Coho G + cannar = + grop. Con E-mail address: (to be used for future annual report notification)	
For further information e		
U J h L Name o	oncerning this matter, please call:  Dobloo at (407) 496-2254  Person Area Code & Daytime Telephone Number	
Enclosed is a check for the	ne following amount:	
\$25.00 Filing Fee	□\$30.00 Filing Fee & □\$55.00 Filing Fee & □\$60.00 Filing Fee, Certificate of Status 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

Sterling Int (Name of the Limited Liability (A Florida	MSMENT ity Company as it a Limited Liability	Partners now appears on or	LLC ur records.)			
The Articles of Organization for this Limited Liability Florida document number <u>ム1308の128</u>	Company were		1	<u>}                                    </u>	and assi	gned
This amendment is submitted to amend the following:						
A. If amending name, <u>enter the new name of the li</u>	mited liability co	ompany here:				
The new name must be distinguishable and end with the w"L.L.C."	ords "Limited Lia	bility Company," th	e designation	"LLC"	or the ab	breviation
Enter new principal offices address, if applicable:		<u>, , , , , , , , , , , , , , , , , , , </u>		<u></u>		
(Principal office address MUST BE A STREET ADL	DRESS)			2	1747 CD 1	
				27.2	2	
				S.S. 9	1	*****
Enter new mailing address, if applicable:		·		<u> </u>	$\sim$	· · · · · · · · · · · · · · · · · · ·
(Mailing address MAY BE A POST OFFICE BOX)						<u>.</u>
				구:	<u>(ii)</u>	
				-	C).	
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		ddress on our re	cords, <u>enter</u>	the n	name of	the new
registered agent and/or the new registered office ad	idiess here.					
Name of New Registered Agent:						
New Registered Office Address:						
nen registered Office Address.		Enter Flo	rida street ad	ddress		
			, Florida			
	City			Zi	ip 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Mar MGRM = M	nager Janaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MENM	shah Ramila	orlando, fl 34761	_ Add
		Orlando, +1 39/61	Remove Add Remove
		D C C C C C C C C C C C C C C C C C C C	Add  Remove
			Add Remove
			Add Remove
· ·			Add Remove

f amending any	other information, enter change(s) here: (Attach additional sheets, if necessary.)
<del></del>	
	<del>-</del>
<del></del>	Signature of a member or authorized representative of a member
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00

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