214000026230

(Re	equestor's Name)	
(Ad	ldress)	
(Ac	dress)	
(Cir	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Ві	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

TO: Registration Se Division of Cor				¥
SUBJECT: STERLING	G HILL HOLDINGS, LLC. Name of Lim	Sterling Hil	1 CDD Ho	ldings, l
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspond	ondence concerning this matter	to the following:		
	WILLIAM RIZZETTA			
		Name of Person		
	RIZZETTA-STERLING H	HILL PROPERTIES		
		Firm/Company		
	3434 COLWELL AVE., S	UITE 200		
		Address	<u> </u>	
	TAMPA, FL 33614			
		City/State and Zip Code		
	E-mail address: (to be used for future annual report not	ification)	2016
For further information of	concerning this matter, please co	all:	AHAS	
LISA HOLLYWOOD		813 514-0400 at ()	SEE.	
Name o	of Person	Area Code Daytin	ne Telephone Number	÷ O
Enclosed is a check for t	he following amount:		➣	ω
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &
J				

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

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Cliffon Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

=	0.	
(Name of the Limited Liabil) (A Florid	Sterling Hill CDD ity Company as it low appears on our records. a Limited Liability Company)	Holdings, LLC
The Articles of Organization for this Limited Liability (Florida document number L14000026230	Company were filed on 02/14/2014	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		ZONG DEC -7 P SECRETARY OF S TALLAHASSEE, FL
B. If amending the registered agent and/or registered agent and/or the new registered office add		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flor	
	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 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
MGR	RIZZETTA - STERLING HILL PROPE	RTIES, LLC.	
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	and the	
ective date, if other than the date of filing:	(optional)	1
effective date is listed, the date must be specific and cannot be prior to date of filing or more the: If the date inserted in this block does not meet the applicable statutory filing required.	an 90 days after filing	.) Pursuant to 60
nument's effective date on the Department of State's records.	unements, tills date	will not be us
record specifies a delayed effective date, but not an effective time, he 90th day after the record is filed.	, at 12:01 a.m.	on the earli
7		
ed December 5th, 2016		
1. M. A Pint		
Signature of a member or authorized representative of a r	mamhar	
Signature of a member of authorized representative of a r	memoer	

Page 3 of 3

Filing Fee: \$25.00