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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: STS Holdings broug 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:
Evan J. Slattin
STS Hold: 159 Croyp, LL&
P. O. BOX 7543  Address
Ft Layderdale, FL 33338 - 754
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person  S(4++C)  Area Code  Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\times \text{Certificate of Status} \text{Certified Copy} \text{Certified Copy} \text{Certified Copy} \text{Certified Copy} \text{(additional copy is enclosed)} \text{Certified Copy} \text{(additional copy is enclosed)}
MAILING ADDRESS:  Registration Section  Division of Corporations  STREET/COURIER ADDRESS:  Registration Section  Division of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327 Tallahassec, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Companion (A Florida Limited Liability Companion)	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company we Florida document number	vere filed on 5/18/201)	_ and assigned
This amendment is submitted to amend the following:	100	
A. If amending name, enter the new name of the limited liability	ity company here:	
The new name must be distinguishable and contain the words "Limited Liability Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	y Company," the designation "LLC" or the abbr	eviation "L.L.C." E.S
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	P.O. BOX 7543 Ft. Landerdale,	FL 33338-79L
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here:		ne name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	
	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** \_□ Add \_□ Remove ☐ Change ☐ Add □ Remove □ Change □ Add 🕓 \_□ Remove-\_□ Change \_□ Add ☐ Remove ☐ Change □ Add □ Remove ☐ Change □ Add ☐ Remove

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Filing Fee: \$25.00