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(F	Requestor's Name)	<u> </u>
(A	Address)	<u>-</u>
(/	Address)	
(0	City/State/Zip/Phone #)	
PICK-UP	MAIT	MAIL
(E	Business Entity Name)	
. (0	Document Number)	
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COVER LETTER

Division of Cor	rporations			
41 H 1 H 2 W 4 1 4 7 P P P	GR to AMBR			
SUBJECT:	Name of Limi	ted Liability Company	188 6.44	
The enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.		
Please return all correspo	ondence concerning this matter (to the following:		
	Lauren Fackler			
		Name of Person	<u> </u>	
	Sterling Restoration Service	es LLC		
		Firm/Company		
	402 N Kentucky Ave.			
		Address		
	DeLand, FL 32724			
	sterlingrestorationservices@	City/State and Zip Code gmail.com		•
	E-mail address: (0	o be used for future annual report notific	cation)	
For further information c	oncerning this matter, please ca	dl:		
Lauren Fackler		386 717-5803 at ()		
Name o	rt Person	Area Code Daytime	Telephone Number	1: [1]
Enclosed is a check for the	he following amount:			2 5
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fe Certificate of St Certified Copy (additional copy is	tatus &

MAILING ADDRESS:

TO:

Registration Section

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 Restoration Services LLC

as it now appears on or	our records.)	
ere filed on 05/26/20	017	and assigned
y company here:		
Company," the designa	ation "LLC" or the abb	previation "L.L.C."
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e address on our	records, enter t	the name of the ne
Enter Florida st	reet address	
	Planida	
City	, гюпца	Zip Code
rformance of my a ovided for in Chap	luties, and I am fa ter 605, F.S. Or, i	ımiliar with and if this document is
	ere filed on 05/26/26 Ey company here: Company," the designate address on our Enter Florida st. City to act in this capate of my appropriate of my appro	ere filed on 05/26/2017 Exy company here: Company," the designation "LLC" or the abbase address on our records, enter to the enter Florida street address Enter Florida street address , Florida

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	Lauren Fackler	402 N Kentucky Ave.	
		DeLand, FL 32724	
			□ Remove
			Change
			Li Add
			_□ Remove
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(If an effo Note:	ve date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated _.	January 4. 2019.
	Signature of a member or authorized representative of a member
	Benjamin Factor Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00