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	From: Account Name : SIEGFRIED, KIPNIS, RIVERA, LERNER, DE LA TOR Account Number : 076424000767 Phone : (305)442-3334 Fax Number : (305)443-3292	RE & MOCARSK	5 ; T 5 ;
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COVER LETTER

TO: Registration S Division of Co		۰.	
	STIRLIN	G SQUARE, LLC	
SUBJECT:	Nume of Lim	Name of Limited Liability Company	
The enclosed Articles of	[*] Amendment and fee(s) are sub	nitted for filing.	
	ondence concerning this matter		
		John M. Catalano	
		Name of Person	
	Siegfried Rivera		
		Firm/Company	
201 Alhambra Circle, Eleventh Floor			<u> </u>
		Address	
		Coral Gables, FL 33134	<u>~</u> <u>~</u> <u>~</u>
	icata	City/State and Zip Code ano@siegfriedrivera.com	2021 APR
	-	to be used for future annual report notification)	1 (N)
For further information	concerning this matter, please c	al):	
John M. catalano, Esq.		305 442-3334 at ()	inber 2
Name	of Person	Area Code Daytime Telephone Nu	inber T
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	Certified Copy Cert (additional copy is enclused) Cert	00 Filing Fee. tificate of Status & tified Copy tional copy is enclosed)
<u>Mailing Addra</u> Registration Division of 0 P.O. Box 63 Tallahassee,	Section Corporations 27	<u>Street Address:</u> Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Sui Tallahassee, FL 32303	ite 810

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

STIRLING SQUARE, LLC

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on June 28, 2017 and assigned Florida document number L17000140755

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Enter Florida street ad	1dress
Cin	. FloridaZiw Code
	Enter Florida street ad

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

2021-04-23 12:33 CDT -

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If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

•

Title	<u>Name</u>	Address	Type of Action
AMBR	SALZMAN REAL ESTATE HOLDINGS, LLC	2890 W STATE ROAD 84, #104	🖸 Add
		DANIA BEACH, FL 33312	🛛 Remove
			Change
MGR	JABBER STIRLING, LLC	21101 NE 38TH AVENUE	[]Add
		AVENTURA, FL 33180	Remove
			Change
AMBR	DEBORAH THEKLA BLASER SALZMAN	2890 W STATE ROAD 84, #104	Add
		DANIA BEACH, FL 33312	CRemove
			□Change
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated	April 23 2021
	10.71
	Signature of a member or authorized representative of a member
	John M. Catalano, Esq.
	Typed or printed name of signee