

L17000150805

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

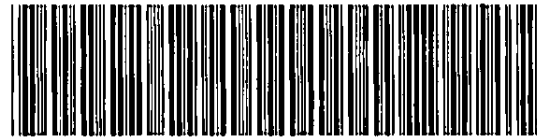
(Business Entity Name)

(Document Number)

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07/24/17--01050--004 **50.00

17 JUL 24 AM 9:49
STATE OF FLORIDA
TALLAHASSEE FL 32307

The Law Firm Of
LEVINS & ASSOCIATES LLC
6843 Porto Fino Circle, Fort Myers, Florida 33912
Telephone: (239) 437-1197 Facsimile: (239) 437-1196
E-mail: Law@LevinsLegal.com

Wills • Trusts	Dr. Jess W. Levins, Esq.	Asset Protection
Power of Attorney	Certified Management Accountant	Bankruptcy
Corporations	Certified in Financial Management	Prenuptials • Postnuptials
Guardianship	Scott A. Cummings, Esq.	Foreclosure Defense
Real Estate	Tasha A. Warnock, Esq. LLM	Expungement of Records
Probate		Trust Administration

July 21, 2017

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

Re: STEARNS DIVERSIFIED INVESTMENTS LLC

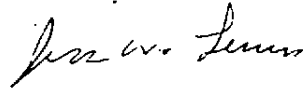
Our File No. 17-0146

To whom it may concern:

Please find enclosed a check in the amount of thirty dollars (\$30.00) and the Amended Articles of Organization of STEARNS DIVERSIFIED INVESTMENTS LLC.

Please issue a letter of acknowledgement to the address listed above. Please contact me with any questions or concerns.

Sincerely,



Jess W. Levins

JWL/TW

Enclosure(s)

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

STEARNS DIVERSIFIED INVESTMENTS 17 JUL 24 AM 9:49

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

SECRETARY OF STATE
TALLAHASSEE FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 7/13/2017 and assigned
Florida document number L17000150805.

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 "L.L.C."

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:

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>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>Tyler Orrick</u>	<u>1128 SE 34th Street</u>	<input checked="" type="checkbox"/> Add
		<u>Cape Coral, Florida 33904</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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