L17000161964

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	<u>-</u>
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	e)
(Do	cument Number)	
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TO: Registration S Division of Co			•
		MENT GROUP LLC	
SUBJECT:		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	ANN LABUDDE		
		Name of Person	
		Firm/Company	
	5151 Shakespeare Drive		
		Address	
	Dover, Fl. 33527		
		City/State and Zip Code	
	jefflabudde1985@gmail.co		
	E-mail address: (to be used for future annual report notifi	ication)
For further information (concerning this matter, please c	all:	
ANN LABUDDE		813 737-6530	
Name (of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	the following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

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

	MENT GROUP LLC		
(<u>Name of the Limited Liability Con</u> (A Florida Limit	npany as it now appea ed Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Compa	any were filed on	JULY 28, 2017	and assigned
Florida document numberL17000161964			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	iability company h	<u>ere</u> :	
ALL STERLING INVESTMENT GROUP LLC			
The new name must be distinguishable and contain the words "Limited Li	iability 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)	<u></u>		
	-		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
			AU
			SS
B. If amending the registered agent and/or registered	l office address o	n our records, ente	r The name of the n
registered agent and/or the new registered office address b	<u>here</u> :		四里
			ORI :
Name of New Registered Agent:			10. 1. 1. 1. 1. 1. 1. 1. 1.
New Registered Office Address:	Enter Flo	orida street address	
	2		
	City	, Florida _	Zip Code
	City		гар Соне

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

Type of Action <u>Title</u> <u>Name</u> <u>Address</u> □ Remove ☐ Change _□ Add □ Remove _ Change □ Add □ Remove Remove __

Change ☐ Remove ☐ Change ☐ Remove ☐ Change

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ote: If the date inserted in this block does not meet the	applicable statute	ory filing requirement	ts, this date will r	not be listed
ocument's effective date on the Department of State's re	cords.			
e record specifies a delayed effective date, b	ut not an effe	ctive time at 12	·01 am ont	he earlier
The 90th day after the record is filed.	de 110t di 1 ei 10	cave amo, de 12	. or a	ic carrier
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August 3 . 2017	·			
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Filing Fee: \$25.00