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COVER LETTER

Division of Co			
	GER DR LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
	ondence concerning this matter	_	
	MUNIR A. WAITERS		
		Name of Person	
	8978 STINGER DR LLC		
	······································	Firm/Company	, , , , , , , , , , , , , , , , , , ,
	6671 FERN ST		
		Address	
	MARGATE, FL 33063		
		City/State and Zip Code	
	MUNIR.ALIW@GMAIL.C	COM (to be used for future annual report noti	fication)
For further information of	concerning this matter, please c	all:	
CINDY LEVINE		954 4448878	
Name o	of Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy	□ \$60.00 Filing Fee, Certificate of Status &
	i I	(additional copy is enclosed)	Certified Copy (additional copy is enclosed)
MAIL	ING ADDRESS:	STREET/COURI	ER ADDRESS:

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

8978 STINGER DR LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	inv as it now appears on our record Liability Company)	<u>(s.)</u>
The Articles of Organization for this Limited Liability Company	were filed on 9/18/2017	and assigned
Florida document number 1.17000193874		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity 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 or registered agent and/or the new registered office address her		s, enter the name of the ne
		ASS 1
Name of New Registered Agent:		7 SE
New Registered Office Address:	Enter Florida street addres	** SSE 25
		orida The A 13
Name Description of Assert's Signature if shanging Descriptored Assert	City ,	D == Zip Gode == 1
New Registered Agent's Signature, if changing Registered Agent:	•	<u></u>

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>	Type of Action
AMBR	MUNIR A. WATTERS	6671 FERN ST. MARGATE, FL 3:	■ Add
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