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(Re	questor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	
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COVER LETTER

Division of Cor	porations		
SUBJECT:	Ster Investi	ments LLC	
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Keith Brady		
		Name of Person	
	Keith Brady La	W	
		Firm/Company	
	360 Central Av	ve Suite 800	
		Address	
	St. Petersburg, FI	orida 33701	
		City/State and Zip Code	
	admin@keithbrac	dvlaw.com to be used for future annual report notif	ication)
For further information c	oncerning this matter, please ca		sunon,
	oncerning this matter, piease es		
Keith Brady		727 820 - 1067 at ()	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	ne 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

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

St	instar Investments LLC	
(<u>Name of the Limited Liabili</u> (A Florid	ity Company as it now appears on our recor a Limited Liability Company)	<u>(ds.</u>)
The Articles of Organization for this Limited Liability C	• •	and assigned
Florida document number L18000061097	<u>_</u> .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	古
The new name must be distinguishable and contain the words "Lin	nited Liability Company." the designation "LL	C" or the abbreviation "L.E.C."
Enter new principal offices address, if applicable:		© [I]
(Principal office address MUST BE A STREET ADDI	RESS)	
		2
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regis registered agent and/or the new registered office add		ds, <u>enter the name of the nev</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addre	255
	F	lorida
	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>	Address	Type of Action
AMBR	Carly Bateman	228 Acadia Terrace Celebration, FI 34747	⊠ Add
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Effective date.	if other than the	date of filing	!:			(optional)	
Note: If the dat	if other than the is listed, the date muse inserted in this bl ctive date on the D	ock does not m	neet the appli-	cable statutory	or more than 90 de filing requirement	nys after filing.)	Pursuant to 605.020 will not be listed a
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Dated Nove	Mber 16		2018	·			
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Filing Fee: \$25.00