## 169000142073

(Requestor's Name)
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(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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## **COVER LETTER**

	gistration Sec vision of Corp					
SUBJECT:	Sterner Cons	sulting LLC				
SOBSILCT.		Name of Limi	ted Liability Company			
		Amendment and fee(s) are submidence concerning this matter (	_			
		Michelle Provine-Sterner				
		Name of Person				
		Sterner Consulting LLC				
			Firm/Company	<del></del>		
		2155 Judge Fran Jamieson Way, #304				
		Address				
		Viera, Florida 32940				
		City/State and Zip Code gasouthernbell61@gmail.com				
		E-mail address: (t	o be used for future annual report n	otification)		
For further	nformation co	ncerning this matter, please ca	ill:			
Michelle Pr	ovine-Sterner		702 339-2261			
	Name of	Person	Area Code Day	time Telephone Number		
Enclosed is	a check for the	e 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: 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

Sterner Consulting LLC		
(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Torida document number 1.18000142073	were filed on June 8, 2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	vility company here:	
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the a	bbreviation "L.L.C."
inter new principal offices address, if applicable:	2155 Judge Fran Jamieson Way	<b>ಹ</b> . ≧ಜ್ಞ
Principal office address MUST BE A STREET ADDRESS)	#304	
	Viera, Florida 32940	
Inter new mailing address, if applicable:	2155 Judge Fran Jamieson Way	
Mailing address MAY BE A POST OFFICE BOX)	#304	<b>9</b> 55
	Viera, Florida 32940	<del></del>
B. If amending the registered agent and/or registered o egistered agent and/or the new registered office address her Name of New Registered Agent:	ffice address on our records, enter	the name of th
Nous Possistanted Office Address.		
New Registered Office Address:	Enter Florida street address	
	, Florida	
<del></del>	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 =	<b>Authorized Member</b>

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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June 11, 2018  Leffective date, if other than the date of filing:	
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pu Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	
the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on b) The 90th day after the record is filed.	the earlier of
Dated 6/11/18	
Dated	
Signature of a member or authorized representative of a member	
Michelle Provine-Sterner	

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Typed or printed name of signee

Filing Fee: \$25.00