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(Requestor's Name)
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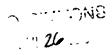
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COVER LETTER

TO:	Registration Se Division of Cor			
SUBJ	ECT:		M, LLC ited Liability Company	
			,,	
The er	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		SAIR	ALI JUSTIN Name of Person	SHIRLEY
		<u>541eléy 1</u>	Firm/Company	EALTY
			TION BWD, #181	
		SALASOT	A, FL 342-81 City/State and Zip Code	
		E-mail address: (11 @ ADL, CAM to be used for future annual report notif	ication)
For fur	ther information co	oncerning this matter, please ca	all:	
<u>.</u>	Name of	LE Y Person	at (941) 448- Area Code Daytime	4872 Telephone Number
Enclos	ed is a check for th	e following amount:		
\$2:	5.00 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

ST	SM, LLC	
(Name of the Limited Liabil (A Florid	ity Company as it now appears on our record a Limited Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability (Florida document number <u>L18000189362</u>		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	7.55 5
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC	" or the abbreviation "L"
Enter new principal offices address, if applicable:		S 22 E
(Principal office address MUST BE A STREET ADD	RESS)	FOR E
Enter new mailing address, if applicable:		2
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office add		, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	,
	File	orida
	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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR =	Manager
AMBR =	Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	SAIR ALL	BLADENTON, FL 34212	t Add
			Remove
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Affective date, if other than the date of fil	ling:(optional)	
	and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 60 ot meet the applicable statutory filing requirements, this date will not be list	
locument's effective date on the Department of		
e record specifies a delayed effective. The 90th day after the record is file	e date, but not an effective time, at 12:01 a.m. on the earli ed.	er c
Dated January 6	2019	
		
	Said Tair Ma	
Signature of	f a member or authorized representative of a member	

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Filing Fee: \$25.00