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	(Requestor's Name)
	(Address)
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	(Document Number)
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COVER LETTER

TO: Registration So Division of Co			
Sterling Fu	ind, LLC		
SUBJECT:	Name of Limi	ted 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:	
	Ryan Malkin		
	·	Name of Person	
	Malkin Law PA		
		Firm/Company	
	1160 96th Street, Suite 402	!	
		Address	
	Miami Beach, FL 33154		
		City/State and Zip Code	
	ryan@malkin.law E-mail address: ()	to be used for future annual report notifi	ication)
For further information of	concerning this matter, please or	ıll:	
Ryan Malkin		305 763-8539 at ()	
Name o	of Person	Area Code Daytime	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 (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	JNG ADDRESS: ration Section	STREET/COURIF 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

Sterling Fund, LLC		
(<u>Name of the Limited Liability C</u> (A Florida Lim	ompany as it now appears on our records nited Liability Company)	<u>.</u>)
The Articles of Organization for this Limited Liability Company were filed on $\frac{9-21-18}{}$ Florida document number $\frac{L18000224622}{}$.		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
Sterling Beach Fund, LLC		
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES.	<u>s)</u>	
	fice address MUST BE A STREET ADDRESS)	<u> </u>
		30
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		يعوبد حري
		VI
B. If amending the registered agent and/or registere registered agent and/or the new registered office address	ed office address on our records. <u>: here</u> :	, <u>enter the name¹ of the ne</u>
Name of New Registered Agent:		
New Registered Office Address:		
THE STREET STREET NAME OF THE STREET	Enter Florida street address	
	. Flo	rida
	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 = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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E Effective	e date, if other than	the date of fil	ina			_ (optional)		
(If an effect	tive date is listed, the date	must be specific	and cannot be pri	or to date of filing	or more than 90 d	ays after filing.) Pu	rsuant to 60:	5.02
Note: 11 documen	the date inserted in that's effective date on the	is block does no ie Department c	of meet the appl of State's record	icable statutory ls.	ning requireme	nts, this date will	not be fist	ieu i
	rd specifies a dela Oth day after the			not an effecti	ve time, at 1	2:01 a.m. on	the earli	ier
a	-27		18					
Dated		//	7 · ···	·				
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00