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Division of Corporations
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : SALMON LEGAL GROUP, P.L.
Account Number : 120180000045
Phone : (786)508-2020
Fax Number : (786)209-3030

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: FILINGS@SALMONLEGAL.COM

LLC AMND/RESTATE/CORRECT OR M/AIG RESIGN
STPI LLC

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COVER LETTER



TO: Registration Section
Division of Corporations

SUBJECT: STPI LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DAVID H. SALMON

Name of Person

SALMON LEGAL GROUP, P.L.

Firm/Company

1395 BRICKELL AVENUE, SUITE 800

Address

MIAMI, FL 33131

City/State and Zip Code

FILINGS@SALMONLEGAL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DAVID H. SALMON

Name of Person

786 509-2020
at (_____) _____
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|---|--|--|--|

Mailing Address:

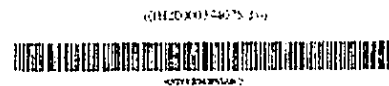
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**



STPI LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 11/28/2018 and assigned
Florida document number L18000274867.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

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 ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

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

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Attaching 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>	<u>Type of Action</u>
MGR	BERTHOLET, DANIEL	1395 BRICKELL AVENUE	<input type="checkbox"/> Add
		SUITE 800	<input checked="" type="checkbox"/> Remove
		MIAMI, FL 33131	<input type="checkbox"/> Change
MGR	STRUYE DE SWIELANDE, FRA:	1395 BRICKELL AVENUE	<input checked="" type="checkbox"/> Add
	STRUYE DE SWIELANDE, FRANCOIS	SUITE 800	<input type="checkbox"/> Remove
		MIAMI, FL 33131	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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 DE STATE
 COUNTY



D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

2020 NOV : 6 AM ID: 47


 1998.03.25




Filing Fee: \$25.00