

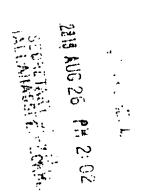
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(S)

COVER LETTER

TO:

Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

STMLS, L SUBJECT:	LC		
	Name of Lim	nited Liability Company	
			E.
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	Street To
Please return all correspo	ondence concerning this matter	to the following:	
	Eric Dorsky, Esq.		The state of the s
		Name of Person	
	Eric Dorsky, P.A.		
		Firm/Company	
	7320 Griffin Road, Suite 2	220	
	-	Address	
	Davie, FL 33314		
		City/State and Zip Code	
	edorsky@edpalaw.com		
	E-mail address: (to be used for future annual report notif	ication)
For further information c	oncerning this matter, please co	all:	
Eric Dorsky		954 587-1120 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)
	ING ANNUESS		VB - BBBBB
Registr	ING ADDRESS: ration Section	STREET/COURII Registration Section	
Divisio	on of Corporations	Division of Corpora	

Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

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

ARTICLE	S OF ORGANIZATION	بارنچ در نسی
	OF	1
STMLS, LLC		<u> </u>
	His Comment	
(A Flori	ility Company as it now appears on our record da Limited Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability	Company were filed on April 26, 2019	and assigned.
Florida document number 1.19000114618	January Never Intervent	and assigned,
	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
·		
The new name must be distinguishable and contain the words "Lir	mited Liability Company," the designation "LLC"	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
		<u> </u>
(Principal office address MUST BE A STREET ADD	<u>KESS)</u>	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regi registered agent and/or the new registered office add	stered office address on our records.	, enter the name of the
egistered agent and/or the new registered office aut	aress here:	
Name of Nam Darietanal Arous		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
		rida
New Registered Agent's Signature, if changing Registers	City	Zip Code

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with 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 ac or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Matthew Minichino	One Seminole Way, Hollywood, FL 33024	
			■ Remove
			Change
MGR Loren James Cluidry		One Seminole Way, Hollywood, FL 33024	= Add
			Change
			□ Remove
			Change
			□ Remove
			☐ Change
			Remove
			Change
			
			Remove
			Change

	
	<u> </u>
If an effect Note: If	date, if other than the date of filing:
he recoi The 9	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie Oth day after the record is filed.
Dated	Ayu7 21 2017
	// T /)\

Page 3 of 3

Filing Fee: \$25.00