Division of Corporations
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	Division of Corporations		ı
	Fax Number : (850)617-6383		(L
From:			,5
	Account Name : BURR & FORMAN LLP		• -
	Account Number : I19990000278 Phone : (407)540-6600		-
	Phone : (407)540-6600 Fax Number : (407)540-6601		• -
Ema	nual report mailings. Enter only one email ail Address:		
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

STI Prop. LLC		
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) iability Company)	
The Articles of Organization for this Limited Liability Company	were filed on May 20, 2019	and assigned
Florida document number 1/19000128561		~]
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liabi</u>	lity company here:	ابہ
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	pin in the state of the state and state and the state and	
(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 of registered agent and/or the new registered office address here	fice address on our records, ent	er the name of the ne
registered agent antibol the new registered white address hery	"	
Name of New Registered Agent:		
ranic of New Registere Agent.	/	
New Registered Office Address:	Enter Florida street address	<u> </u>
	, Florida	Zip Code
Now Projectored Agent's Standages if changing Registered Agent	- 7	·
New Registered Agent's Stanture, if changing Registered Agent: I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my dutics, and I a provided for in Chapter 605, F.S. (address, I hereby confirm that the	m familiar with and Or, if this document is Umited liability
If Chan	iging 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 = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Dale R. Spears	10876 Koi Road Orlando, FL 32817	D Add
			☐ Remove
		34	Change
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ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of filing or more	(optional)
e: If the date inserted in this block does not meet the applicable statutory filing r	equirements, this date will not be listed
ument's effective date on the Department of State's records.	
record specifies a delayed effective date, but not an effective tim	ne at 12:01 a m on the earlier
he 90th day after the record is filed.	of at 11.701 and on the garner
ed July 3	
Scott M Mulle	
Signature of a nember of authorized representative of	a member

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Filing Fee: \$25.00