L19000247175

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
, ,
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

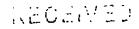




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2821 JUL 15 PM 2:22

FLORIDA DEPARTMENT OF STATE Division of Corporations

June 4, 2021

JOHN WELCH 5454 QUAIL HOLLOW ST PALM CITY, FL 34990

SUBJECT: STIRLING HOUSE 2, LLC

Ref. Number: L19000247176

We have received your document for STIRLING HOUSE 2, LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L07000012455.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

rome not avail

Octavia L Simmons Regulatory Specialist II Supervisor

Letter Number: 321A00012122

COVER LETTER

· TO:

Tallahassee, FL 32314

TO: Registration Se Division of Cor			
cunteer	lien on me	INVESTMENTS 110	
SUBJECT:	Lien on me I	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sul	bmitted for filing.	
Please return all correspo	ondence concerning this matter	r to the following:	
	John	B. WUM	
		Name of Ferson	
	_ hich or	ML investments, LLC	
	KUCII M	· · · · · · · · · · · · · · · · · · ·	
	2934	Svail Hollow Strut	
	00 00	. C. 311900	
	YALM CI	Y FL 34990 City/State and Zip Code	
		(to be used for future annual report not	
For further information a	oncerning this matter, please o		dication)
roi luttilei information e	oncerning this matter, please of	cati.	
John B. Wel	<u>h</u>	at (772) 214 – Area Code Daytin	8203
Name o	f Person	Area Code Daytim	ne Telephone Number
Englaced is a shoot for th	no followine amount:		
Enclosed is a check for th	<u>-</u>		M 0.00 00 0000 00
□ \$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)
Mailing Addres		Street Address:	
Registration S Division of C		Registration Se Division of Cor	
P.O. Box 632	-	The Centre of 'I	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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

221 JUL 15 AH 10: 36

(Name of the Limited Liability (A Florida	Y Company as it now appears on our records: 2 Limited Liability Company)
The Articles of Organization for this Limited Liability Co	ompany were filed on 10 0 209 and assigned
This amendment is submitted to amend the following:	fr.
A. If amending name, enter the new name of the limit OA JANSMEA LLL The new name must be distinguishable and contain the words "Limit	> Mu OA Stuff, UC
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDR	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida

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 = Manager AMBR = Authorized Member

<u>Title</u>	Name	2321 Address 5 At 10: 36	Type of Action
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			□Remove
			□Change
			[]Add
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ffective date, if	other than the date	of filing:	(optional)	
an effective date is	listed, the date must be sp	ecific and cannot be prior to	ate of filing or more than 90 days after filing.) Pursuant to 605.0207 (
	inserted in this block do ive date on the Departn		e statutory filing requirements, this date	will not be listed as t
ocament 5 circui	Tre dute on the Deputth	iem of state 3 records.		
record specifies a d is filed.	i delayed effective date.	, but not an effective time	at 12:01 a.m. on the earlier of: (b) Th	e 90th day after the
is med.				
λλ .	0.1	2021		
Dated <u>Marc</u>	h 24	. 2021		
		/ /	1 1	
	Signal	ure of a member or authoriz	d representative of a member	
) // ~	1.101.10	

Filing Fee: \$25.00