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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Sterling Real E	State Holding	5 LLC
Name of Limite	ed Liability Company	
The enclosed Articles of Amendment and fee(s) are subm	nitted for filing.	
Please return all correspondence concerning this matter to	the following:	
	and tollowing.	
Seth T)ell	
0.1	Name of Person	
Sterling	MINT, LLC Firm-Company	
4301 Meh	Address	
. 1 / ~	Address	
Winter H	ork F1 3779	Î 2
	City/State and Zip Code	- <u>-</u>
Seth C Storling E-mail address: (10	GMKTGRD.COM boused for futer annual report notifi	cation)
For further information concerning this matter, please cal	1:	
Jeth Dell	at (407) 677-	6144
Name of Person	Area Code Daytime	Telephone Number
Enclosed is a check for the following amount:		
X \$25.00 Filing Fee LJ \$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	☐ \$60.00 Filing Fee,
Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:	Street Address:	
Registration Section	Registration Sec	
Division of Compositions	Division of Corr	vorations

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on __ Florida document number <u>L 2000</u> 149943 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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

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	Address United States	Type of Action
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ocument's effective date on the Department of State's	records.		
record specifies a delayed effective date, but not an eff I is filed.	fective time, at 12:01 a	.m. on the earlier of:	(b) The 90th day after the
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B	2 July 1		
Signature of a membe	or authorized represent	ative of a member	
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Filing Fee: \$25.00