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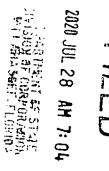
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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	3T @	, LL(
		nited Liability Company	· · · · · · · · · · · · · · · · · · ·
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	KENNETH	1 S. HILLENDOR	- JR
		STG, LLC Firm/Company	
	3104	PIERSON DR	
	DELRAY	BEACH, FL 33 City/State and Zip Code	483
		City/State and Zip Code	
	THEHILGEND E-mail address: (ORF @ GMAPL . CO	ication)
For further information c	oncerning this matter, please ca	all:	
KENNETH HI	LGENDORF	at (561) 384-6 Area Code Daytime	301
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for th	e 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)
Mailing Address		Street Address:	
Registration S Division of C		Registration Sec Division of Corp	
P.O. Box 632		The Centre of Ta	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability (A Florida L	Company as it now appears or imited Liability Company)	our records.)
The Articles of Organization for this Limited Liability Cor Florida document number <u>L2000</u> 189232	,	6/2020 and assigned
	<i>,</i>	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limited	d Liability Company," the desig	nation "LLC" or the abbreviation "LL.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u> </u>	
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered o agent and/or the new registered office address here:	office address on our reco	rds, <u>enter the name of the new registered</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida s	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

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	KENNETH S. HILLENDORF,	SR 3104 PIERSON DR. D	⊠∧dd
		DELRAY BEACH, FL 33483	□Remove
			□Change
MER	KENNETH S. HILLENDORF, SR	Remove "SR" from	□Add
	Remove	NAME.	□Remove
		724 N. Atlantic Drive LANTANA, FL 33962	XChange
			🗆 Add
		-	□Remove
			□Change
			□Add
			□Remove
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Effective d	ate, if other than t	he date of fili	ing:			(optional)		
f an effective	date is listed, the date note that date in this	nust be specific a	and cannot be pr	ior to date of filin	g or more than 90	days after filing.) Pursuant to 605.03 will not be listed	207 Las 1
document's	effective date on the	Department o	f State's record	ds.	ming requirem	ients, ins dute	will not be fisted	4.1
record spend is filed.	cifies a delayed effect	tive date, but n	ot an effective	time, at 12:01	a.m. on the earl	ier of: (b) Th	e 90th day after ti	he
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Dated 7	124/2020							
	1/24/2020	1/1	- \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	<u> </u>				
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_		Signature of	a member or au	morized represen	tative of a member	er		