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MAY 24 2021 **LALBRITTON** 

# **COVER LETTER**

TO: Registration Section Division of Corporations   7
SUBJECT: Sterling Deck and Scien LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Anthony C Donnelly
Anthony C Donnelly Name of Person  Sterling De EK and Screen LL & Firm/Company
46 Hartro
Quincy f/ 3235/
City/State and Zip Code  tony donnelly 773@9mail. Com  /E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Anthony C Donnelly at (850) 7563470  Name of Person Daytime Telephone Number
Enclosed is a check for the following amount:
<ul> <li>         ∑ \$25.00 Filing Fee</li></ul>

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

### Street Address:

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

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

Sterling Deck	And Screen LLC  iability Company as it now appears on our records.)  lorida Limited Liability Company)
( <u>Name of the Limited Li</u> (A.F	iability Company as it now appears on our records.) lorida Limited Liability Company)
The Articles of Organization for this Limited Liabil- Florida document number $L210000203$	ity Company were filed on $1-07-3021$ and assigned $334$ .
This amendment is submitted to amend the following	ng:
A. If amending name, enter the new name of the	limited liability company here:
The new name must be distinguishable and contain 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 A.	DDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX	
B. If amending the registered agent and/or regis agent and/or the new registered office address he	tered office address on our records, enter the name of the new registered ere:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
_	, Florida
New Registered Agent's Signature, if changing Regis	City Zip Code stered 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	Type of Action
MGR	Anthony c. Donnelly	Address 46 Hart rd Guincy fl 32351	NAdd
			□Remove
			☐ Change
			□Add
			Remove
			Change
			□Add
			□Remove
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(If an effective de Note: If the c	te, if other than the date of filing:
he record speci ord is filed.	fies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	MAY 25th 2021
_	MAY 25th 2021  Policit S. Wilhart  Signature of a member of authorized representative of a member
	Signature of a member of authorized representative of a member  Robert S. Wilhoit  Typed or printed name of signee
	Valack S Wilhout