Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : STILES CORPORATION

Account Number : 120020000020 Phone : (954) 627-9156 Fax Number : (954)627-9037

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN S-RVST, LLC

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Corporate Filing Menu

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			COVER LETTER	H21000219237 3
	Registration S Division of Co			
SUBJEC*	S-RVST, I	LLC		
SUBJEC	··	Name of Lir	nited Liability Company	
The enclos	sed Articles of	Amendment and fee(s) are su	bmitted for filing.	
Please retu	иті all corresp	ondence concerning this matter	r to the following:	
		Lynda Watkins		
			Name of Person	
		Stiles Corporation		
			Firm/Company	··
		201 E Las Olas Blvd STE	1200	
			Address	
	,	Ft. Lauderdale, FL 33301		
			City/State and Zip Code	
		Lynda.Watkins@Stiles.com		
			to be used for future annual rep	oort notification)
For-further	information o	oncerning this matter, please c	all:	
Lynda Wa			954 627-9 at ()	
	Name o	ſ Person	Area Code	Daytime Telephone Number
Enclosed is	a check for th	ne following amount:		
\$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy	S60.00 Filing Fee, Certificate of Status &

Mailing Address:

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

(additional copy is enclosed)

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

Certified Copy (additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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S_R\/S	ST, LLC		
(Name of the Limited	Liability Company as it now some	ars on our records.)	_
\	Liability Company as it now appe Florida Limited Liability Company).	
The Amielia of Oscilla is a Could Title in 17 in	11. C	5/18/2021	• •
The Articles of Organization for this Limited Liab		3/10/2021 ar	nd assigned
Florida document number <u>L2100023126</u>	<u>52 </u>		
This amendment is submitted to amend the follow	ing:		
A. If amending name, enter the new name of the	e limited liability company l	nere:	
<u> </u>			
The new name must be distinguishable and contain the word	s "Limited Liability Company" the	designation "L.I.C" or the abbreviati	on "[1.C."
		####	· · · · · · · · · · · · · · · · · · ·
Enter new principal offices address, if applicab	le:	V.9	. 23 —
(Principal office address MUST BE A STREET)	ADDRESS)	F****	<u> </u>
		기 기 기 기 기 기 기 기 기 기 기 기 기 기 기 기 기 기 기	⋛
	•	S	7 7
70		رن د لایا د نان	2 1
Enter new mailing address, if applicable:	 	71 	
(Mailing address MAY BE A POST OFFICE BO	<u></u>		
		<u></u>	<u>ω</u>
		→	` -
B. If amending the registered agent and/or regi		records, enter the name of th	e new-registered
agent and/or the new registered office address b	iere:		
Name of New Registered Agent:			
		· ' · · · ·	
New Registered Office Address:	Enter Fl.	orida street address	
	•		
-	All's	, Florida	Code
	City	Z.ip	Unae
New Registered Agent's Signature, if changing Reg	istered Agent:		
I hereby accept the appointment as registered a provisions of all statutes relative to the proper accept the obligations of my position as registered being filed to merely reflect a change in the region company has been notified in writing of this change.	and complete performance of red agent as provided for in istered office address, I here	f my duties, and I am familia Chapter 605, F.S. Or, if this	r with and document is
1 1/ 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	O		

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

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Title	Name	Address	Type of Action
MGR	Stiles Properties and Investments, 1	201 E Las Olas Blvd. STE 1200	□ Add
		Ft. Lauderdale, FL 33301	
			□ Change
MGR	SFLR, LLC	201 E Las Otas Blvd STE 1200	
		Ft. Lauderdale, FL 33301	
			Change
	· · · · · · · · · · · · · · · · · · ·		🗅 Add
			□ Remove
			□Change
			□Add
			□Remove
			Change
			□ Add
			Remove
			□Add
			□Remove
			Change

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ctive date, if other than the date of filing: (optional) effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant	er than the date of filing:	ocument's effective date on the	Department of State's	s records.		6 5	2
		ote: If the date inserted in this	s block does not meet t	he applicable statuto	ing or more than 90 days	after filing.) Pursua i, this date will no	int to 605.02 of be listed
		fective date, if other than t	he date of filing:		(4	nntional)	
							
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