LZ3000359499

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D CUSHING

COVER LETTER

TO:

TO: Registration So Division of Cor					
	roup Realty, LLC				
SUBJECT.	Name of Lin	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:			
	Cynthia Davies				
		Name of Person		_	
	CINDY'S FLORIDA LLC			(.) T(.)	20:
		Firm/Company			23 A
	8051 N. Tamiami Trail Su	ite E6			US 21
		Address			
	Sarasota Fl. 34243			14 (7) (1)	2023 AUS 24 PM 3:
	-	City/State and Zip Code		— <u> </u>	5 0
	reports@wyomingllcattorn	-			
For further information of	E-mail address: (concerning this matter, please c	to be used for future annual report not	itication)		
Cynthia Davies	g ,	727 300-0042			
Name o	f Person	at () Area Code Daytim	e Telephone Numbe	er	
Enclosed is a check for the	he following amount:				
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	ate of St	atus &
Mailing Addres Registration (Street Address: Registration Se	ction		
Division of C		Division of Cor			
P.O. Box 632		The Centre of T		010	
Tallahassee, I	rl 32314	2415 N. Monro	e Street, Suite	81U	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sterling Group Realty, LLC

4 A. Florido I am	mpany as it now appears on our ted Liability Company)	دم ر دده دده
(A Fiolia Little	icu maonity Company)	
The Articles of Organization for this Limited Liability Comp	any were filed on $\frac{07/26/2023}{}$	and assigned
Florida document number L23000359499		22
		75 - 17
This amendment is submitted to amend the following:		P
A. If amending name, enter the new name of the limited	liability company here:	က ယု က က
		50
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation	"LLC" or the abbreviation "L.L.C."
Estan non principal officer address if applicable.		
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	2	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered offi	ice address on our records, <u>c</u>	enter the name of the new registered
B. If amending the registered agent and/or registered office address here:	ice address on our records, <u>s</u>	enter the name of the new registered
agent and/or the new registered office address here:	ice address on our records, <u>c</u>	enter the name of the new registered
	ice address on our records, <u>c</u>	enter the name of the new registered
agent and/or the new registered office address here:		
Name of New Registered Agent:	ice address on our records, g	
Name of New Registered Agent:	Enter Florida street o	uddress , Florida
Name of New Registered Agent: New Registered Office Address:	Enter Florida street o	uddress
Name of New Registered Agent: New Registered Office Address: New Registered Agent's Signature, if changing Registered Agent	Enter Florida street o City ent:	uddress , Florida Zip Code
Name of New Registered Agent: New Registered Office Address: New Registered Agent's Signature, if changing Registered Agent and I hereby accept the appointment as registered agent and	Enter Florida street of City ent: agree to act in this capacity	uddress, Florida Zip Code I further agree to comply with the
Name of New Registered Agent: New Registered Office Address: New Registered Office Address: New Registered Agent's Signature, if changing Registered Agent and provisions of all statutes relative to the proper and comp	Enter Florida street of City ent: agree to act in this capacity lete performance of my dution	ddress, Florida Zip Code . I further agree to comply with the es, and I am familiar with and
Name of New Registered Agent: New Registered Office Address: New Registered Office Address: New Registered Agent's Signature, if changing Registered Agent and provisions of all statutes relative to the proper and compaccept the obligations of my position as registered agent being filed to merely reflect a change in the registered of	Enter Florida street of Enter Florida street of Enter Florida street of Enter	Zip Code Zip Code I further agree to comply with the es, and I am familiar with and 605, F.S. Or, if this document is
Name of New Registered Agent: New Registered Office Address: New Registered Office Address: New Registered Agent's Signature, if changing Registered Agent and provisions of all statutes relative to the proper and compaccept the obligations of my position as registered agent	Enter Florida street of Enter Florida street of Enter Florida street of Enter	Zip Code Zip Code I further agree to comply with the es, and I am familiar with and 605, F.S. Or, if this document is
Name of New Registered Agent: New Registered Office Address: New Registered Office Address: New Registered Agent's Signature, if changing Registered Agent and provisions of all statutes relative to the proper and compaccept the obligations of my position as registered agent being filed to merely reflect a change in the registered of	Enter Florida street of Enter Florida street of Enter Florida street of Enter	Zip Code Zip Code I further agree to comply with the es, and I am familiar with and 605, F.S. Or, if this document is

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>	<u>Address</u>	Type of Action
AR	DAVIES, CYNTHIA	8051 N. TAMIAMI TRAIL STE E6	
		SARASOTA, FL 34243	≣ Remove
MGR	Lynn Wright	8051 N. TAMIAMI TRAIL STE E6	= Add
	SARASOTA, FL 34243	□Remove	
		□ Change	
	<u> </u>	□Add	
			□Remove
		□Change	
		□Add	
		□Remove	
		Change	
		□Remove	
			Change
		□Add	
			□Remove
			□Change

<u></u> .	
	
(If an effective date is ling) Note: If the date in	other than the date of filing:
ne record specifies a cord is filed.	delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated August 4	. 2023
	hia Davies Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
Cynthia	Davies, Authorized Representative
	Typed or printed name of signee

Filing Fee: \$25.00