

L23000407320

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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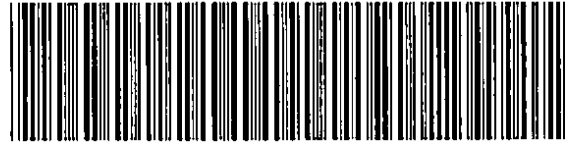
(Business Entity Name)

(Document Number)

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Advanced Incorporating Service

1317 California Street
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Email: wlopez@aisincfl.com
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NAME OF ENTITY Sterling Pond Insurance Agency LLC	FOR OFFICE USE ONLY

PICK ONE:

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FILING:

____ CORPORATION ____ LLC ____ LIMITED PARTNERSHIP ____ GENERAL PARTNERSHIP
____ FICTITIOUS NAME ____ SERVICE MARK/TRADEMARK XX AMENDMENT
____ FOREIGN QUALIFICATION ____ JUDGMENT LIEN
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DATE 9/6/23 TIME _____

Notes: _____

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

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STERLING POND INSURANCE AGENCY LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 8/30/2023 and assigned
Florida document number L23000407320.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Sterling Meadows Insurance Agency, LLC

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 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

_____, **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

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ITALIANASSE: FLORIDA

750

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated September 5, 2023

Cory Ch

Signature of a member or authorized representative of a member

Craig W. Concklin, Manager

Typed or printed name of signee

Filing Fee: \$25.00