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**EXAMINER** 

## **COVER LETTER**

TO: Registration Section **Division of Corporations** 

Stortec Systems Company, 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:

Linda Stark

Name of Person

Stortec Systems Company, LLC

17141 Grand Bay Drive

Address

Boca Raton, Florida 33496

City/State and Zip Code

stortec@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Linda Stark

at (561) 997-0757

Area Code & Daytime Telephone Number

Name of Person

Enclosed is a check for the 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:

Registration Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Stortec Systems Company, LLC		···	
(Name of the Limited Liability Compar (A Florida Limited L	y as it now appears on our records.) iability Company)		
The Articles of Organization for this Limited Liability Company	were filed on September 7, 1999	and assigned	
lorida document number L9900005583			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and end with the words "Limi	ted Linkiller Commons 22 the decimation #11.0	" or the abbreviation	
L.L.C."	ted Liability Company, the designation LLC	or the abbreviation	
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS)	200	013	
	कर है। जार		
		25 25	
Inter new mailing address, if applicable:	77 - 77 - 77 - 77 - 77 - 77 - 77 - 77		
Mailing address MAY BE A POST OFFICE BOX)			
Musing underess MAT DE A 1 OST OF FICE DOX		<u> </u>	
	**************************************		
B. If amending the registered agent and/or registered of	fice address on our records, enter the	name of the ne	
egistered agent and/or the new registered office address her			
Name of New Registered Agent:			
New Registered Office Address:		····	
	Enter Florida street addres.	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 608, 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 amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member Type of Action **Address** Title Title **Name** Linda Stark 17141 Grand Bay Dr. **MGRM** Boca Raton, FL 33496 Remove Linda J. Stark Trustee of the Stark Living Trust dtd 11/17/05 **MGRM** 17141 Grand Bay Drive Boca Raton, FL 33496 Richard J. Stark MGR Trustee of the Stark Living Trust dtd 11/17/05 17141 Grand Bay Drive Remove Boca Raton, FL 33496 Remove Add Remove Remove

). If a	mending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
ated	9/20 , 2013 .
_	Linda AStarb
	Signature of a member of authorized representative of a member  Linda Stark
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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