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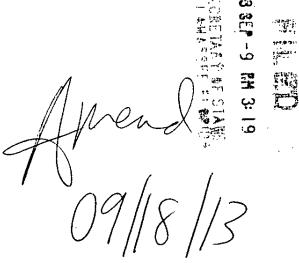
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(Address)	10025144
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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPO	RATION: Sterling Fu	nding Services,	Inc.
DOCUMENT NUM	BER:		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	Barbara Towne		
		Name of Contact Persor	
	Sterling Funding Services, Inc.		
	<u> </u>	Firm/ Company	
	7650 Bayshore D	• •	
		Address	<u> </u>
	Treasure Island,	FL 33706	
		City/ State and Zip Code	
hai	rbjt39@hotmail.co	m	
	. •	sed for future annual report	notification)
For further information	on concerning this matter, pleas		<u>367-5525</u>
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check fo	or the following amount made	payable to the Florida Depa	urtment of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	Mailing Address Street Address		
Amendment Section		Amendment Section Division of Corporations	
		•	
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle		_	
	•	Tallaha	issee, FL 32301

Articles of Amendment to **Articles of Incorporation** of

			13. d	
	Articles of An to	nendment	30 6	A STATE OF THE STA
,	Articles of Inco	rporation		
Sterling Funding Service	*-			13.0
	currently filed with the Flo	orida Dent. of State)		ِ جِي
		,	5 0	9
(Docume)	nt Number of Corporation (if	known)		
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this F	lorida Profit Corporation ac	lopts the following	amendment(s) to
A. If amending name, enter the new na	ame of the corporation:			
				The new
"Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa B. Enter new principal office address,	tion," or the abbreviation "F if applicable:	o". A professional corpora P.A." 7650 Bayshore Dr		ontain the
(Principal office address <u>MUST BE A STREET ADDRESS</u>)		Treasure Island,	FL 33706	
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)				
, , , , , , , , , , , , , , , , , , , ,				
- ••				
D. If amending the registered agent an new registered agent and/or the new		ss in Florida, enter the nan	<u>ne of the</u>	
Name of New Registered Agent	Barbara Towne			
	7650 Bayshore I	Orive Apt 706		
	(Florida stree	et address)		
New Registered Office Address:	Treasure Island	, Florida_	33706	
	(City)		(Zip Code)	

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u> <u>John</u>	1 Doe	
X Remove	V Mik	e Jones	
X Add	SV Sally	y Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) X Change	PTS	Barbara Towne	7650 Bayshore Drive Apt. 706
Add			Treasure Island, FL 33706
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	,- <u></u> ,		
Add			
Remove			

	(Be specific)
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provisions for implementing the amer	nange, reclassification, or cancellation of issued shares, and and an analysis of the shares of the same of the shares of the same of the
an amendment provides for an exch provisions for implementing the amer (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and and an analysis is a state of the angendment itself:
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provisions for implementing the amer	nange, reclassification, or cancellation of issued shares, and and an anti-contained in the amendment itself:

The date of each amendment(s) ado	ption:	, if other than the
date this document was signed.	, the	
Effective date if applicable:	July 15 th 2013 (no more than 90 days after amendment file date)	
) (no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were adopt by the shareholders was/were suff	ted by the shareholders. The number of votes cast for the amendment(s) scient for approval.	
	oved by the shareholders through voting groups. The following statement ach voting group entitled to vote separately on the amendment(s):	
	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adopt action was not required.	ted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adopt action was not required.	ted by the incorporators without shareholder action and shareholder	
Dated	9/6/12	
Signature	ay. Tor-	
selected,	ector, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court d fiduciary by that fiduciary)	
/	Alyn Towne	
-	(Typed or printed name of person signing)	
F	President	
-	(Title of person signing)	