

**L12000143862**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H12000272938 3)))



H120002729383ABC1

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : LISEITE PIE SALAZAR PA  
Account Number : I20120000076  
Phone : (305)361-6161  
Fax Number : (305)361-6168

RECEIVED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

12 NOV 16 PM 12:32

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

Email Address: \_\_\_\_\_

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2012 NOV 16 AM 8:22

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
1820 STRATEGIC LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

J. SAULSBERRY  
EXAMINER  
NOV 19 2012

H12000272938 3

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: 1820 Strategic 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:

**Lisette Salazar, Esq.**

Name of Person

**Lisette Pie Salazar PA**

Firm/Company

**200 Crandon Blvd. Suite 311**

Address

**Key Biscayne, Fl. 33149**

City/State and Zip Code

**lpsalazarlaw@aol.com**

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

For further information concerning this matter, please call:

**Lisette Salazar**

Name of Person

at **(305) 361-6161**

Area Code & Daytime Telephone Number

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2012 NOV 16 AM 8:22

FILED

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

H12000272938 3

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

1820 Strategic 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 Nov. 14, 2012 and assigned Florida document number L12000143862.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and end with 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)

\_\_\_\_\_  
\_\_\_\_\_

RECEIVED  
NOV 15 AM 9:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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 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 Changing Registered Agent, Signature of New Registered Agent

H12000272938 3

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>mgr</u>	<u>Aracely F. Figueredo</u>	<u>117 East End Drive</u>	<input type="checkbox"/> Add
		<u>Key Biscayne, FL. 33149</u>	<input checked="" type="checkbox"/> Remove
<u>mgr</u>	<u>Araceli F. Figueredo</u>	<u>117 East End Drive</u>	<input checked="" type="checkbox"/> Add
		<u>Key Biscayne, Fl. 33149</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

Add  
 Remove  
 Add  
 Remove  
 Add  
 Remove  
 Add  
 Remove

FILED

H12000272938 3

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

---



---



---




---



---

Dated November 15, 2012



---

Signature of a member or authorized representative of a member

**Lisette Salazar, Esq.**

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

2012 NOV 16 AM 8:22  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

FILED

H12000272938 3