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(R	Requestor's Name)	
(A	ddress)	
(A	ddress)	
(C	City/State/Zip/Phone #)	
(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) (PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	MAIL	
(E	Business Entity Name)	
(C	Occument Number)	-
Certified Copies	Certificates of	Status
Special Instructions to	o Filing Officer:	

Office Use Only



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T. LEMEUX

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	strategic 61	bal Adv15055 ited Liability Company	<u>- LLC</u>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Heather	Swder Name of Person	
	strategic (Name of Person Slokal Advitory Firm/Company	LLC
	5160 Cra	yton Place Address	<u>S</u>
	Nopler	FL 34103	
	heath Cern	City/State and Zip Code City/State and Zip Code to be used for future annual report notif	ication)
	oncerning this matter, please or		
Heather P. Name o	YYder f Person	$\underbrace{\begin{array}{c} 39 \\ \text{Area Code} \end{array}}_{\text{Area Code}} \underbrace{\begin{array}{c} 299 \\ \text{Daytime} \end{array}}_{\text{Daytime}}$	- 4444 Telephone Number
Enclosed is a check for the	ne 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

(Name of the Limited Liability Company as it now appears on our records.) (Name of the Limited Liability Company)	
he Articles of Organization for this Limited Liability Company were filed on August 17, 2015 and assignd lorida document number 1000000000000000000000000000000000000	ed
his amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liability company here: Allique Global Adviror LLC ne new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC.	
nter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS)	
nter new mailing address, if applicable:	-
Mailing address MAY BE A POST OFFICE BOX)	
. If amending the registered agent and/or registered office address on our records, enter the name of egistered agent and/or the new registered office address here:	the new
Name of New Registered Agent:	
New Registered Office Address: Enter Florida street address	
, Florida	

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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

$\mathbf{AMBR} = A$	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Remove
			Add
			□ Remove
			Change
			Add
			☐ Remove
			☐ Change
			□ Remove
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			Change
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		ayed effective record is file		out not an effo	ective tin	ne, at 1	2:01 a.m	ı. on the earli	er
ed <u>MW</u>	ch	12	21	219					
		Signature of	a member	or authorized repr	esentative of	a member			
	1.1	f .	-	Sorder					

Page 3 of 3

Filing Fee: \$25.00