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To:

Division of Corporations

Fax Number : (850)517-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone
Fax Number : (813)436-5200

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

| Phone | P

Email Address:	
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DEAN & BROTHERS SHIPPING AND HAULING LLC

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

Electronic Filing Menu — Corporate Filing Menu —

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DEAN & BROTHERS SHIPPING		on our records.)
	ited Liability Company as it now appears (A Florida Limited Liability Company)	,
The Articles of Organization for this Limited	Liability Company were filed on 10/	28/22 and assigned
Plorida document number L22000463894		
This amendment is submitted to amend the fo	Howing:	
A. If amending name, enter the new name	of the limited liability company he	<u>ге</u> :
Striker Economics LLC		
The new name must be distinguishable and contain the	words "Limited Liability Company," the de-	signation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	icable:	
, ,		
Principal office address MUST BE A STRE	ET ADDRESS)	
	· · · · ·	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE	<u> </u>	021
		2
3. If amending the registered agent and/or	registered office address on our re	cords, enter the name of the new regis
agent and/or the new registered office addr	ess here:	를 모르는
		9: 2
Name of New Registered Agent:	Registered Agents Inc	2 2
	7901 4th St NSTE 300	
New Registered Office Address:	<u> </u>	da street address
	St. Peterspurg	, Florida <u>33702</u>
		, F1911G8

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

Thereby 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

3/25/2024 06:28:02 PDT. To 18506176383 Page: 3/4 Fax: \$134365206

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	
AMBR =	Authorized	Member

Title	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
		. — —	□Change
			DAdd
			□Remove
			[]Change
			□Add
			□Remove
			[] (Thange
			Fi Add
			□Remove
			ElChange
			€JAdd
			URemove
			[]Change
			□Remove
			🗀 Change

D. If amending any other inform	nation, enter change(s) here: ¿Atta	ech additional sheets, if necessary,)	
			<u>.</u>
			·
			
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		· · · · · · · · · · · · · · · · · · ·	
 (If an effective date is listed, the date n 	block does not meet the applicable stat	(optional) If filing or more than 90 days after filing) Pussicutory filing requirements, this date will i	uancto 605,0207 (3)(b) not be listed as the
If the record specifies a delayed effecteord is filed.	ive date, but not an effective time, at 1.	2:01 a.m. on the earlier of: (b) The 90th	n day after the
Dated March 25th	. 2024		
	Signature of a member or authorized rep		
Robin Jones			
	Typed or printed name of	of signee	