L0100001/442

(Requestor's Name)					
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SECRETARY OF STATE SHATSION OF CORPORATIONS

J. BRYAN

NOV - 3 2008.

EXAMINER

COVER LETTER

TO:	Registration Secti Division of Corpo		•		
SUBJE	XCT:	STRATELIX			
		(Name of Limi	ited Liability Company)		
The end	closed Articles of An	nendment and fee(s) are sub	mitted for filing.		
Please:	return all correspond	ence concerning this matter	to the following:		
		STA	CEY D BIDD IX (Name of Person)		
		Str	VATEGIX, LLC		o "ig
			(Firm/Company)		90
		688	CARRIAGE HILL (Address)		OT 3
			(Address)		- CSC
		MELB	OURNE, T-1 329 (City/State and Zip Code)	fo	OB OCT 31 AM II: 09
			(City/State and Zip Code)		99
For fur	ther information con-	cerning this matter, please co	all:		· ·
	STACEM	BIDDIX	at (321) 794-3 (Area Code & Daytime T	3377	
	(Name of I	Person)	(Area Code & Daytime T	elephone Number)	
Enclose	ed is a check for the	following amount:			
5 \$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	

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

Sm	RATELIX		AHII: 09
	iability Company as it now a lorida Limited Liability Comp	ppears on our records.)	50 50 50 50 50 50 50 50 50 50 50 50 50 5
(A1	ionaa Bumwa Buomiy Comp		60 (S
The Articles of Organization for this Limited Liab	oility Company were filed or	7/13/200	and assigned
Florida document number LO100011	<u>642</u> .		
This amendment is submitted to amend the follow	ving:		
A. If amending name, <u>enter the new name of t</u>	he limited liability compan	v here:	
The first and the second secon		<u></u>	
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability C	Company," the designation	"LLC" or the abbreviation
Enter new principal offices address, if applicab	ole: 6	88 CARRIAGE	E HILL RD
(Principal office address MUST BE A STREET	ADDRESS)	88 CARRIAGE IELBOURNE, !	F1 32940
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE B			
muning dudress may be a root of free bo			
			
B. If amending the registered agent and/or		on our records, enter	the name of the new
registered agent and/or the new registered office	ce address here:		
Name of Navy Designand Agents	570	ACEY BIDD	X
Name of New Registered Agent:		··	
New Registered Office Address:	668	Enter Florida street a	
	Da	(Enter rioriau street a	uuress)
	MELBOURNE	, Florida _	32940 (Zip Code)
	(City)		(Zip Coae)

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)

If amending the Managers or Managing Members on our records, <u>enter the title</u>, <u>name</u>, <u>and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member **Type of Action** <u>Address</u> Title Name 688 CARRIAGE HILL RD STACEY MGRM BIDDIX MARIO D. LICCIARI 🗖 Add Remove Add ☐ Remove ☐ Add Remove ☐ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 30 Dated Signature of a member of authorized representative of a member STACEY D. BIODIX
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00