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PICK-UP	☐ WAIT	MAIL
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400293567284 12/27/16--01013--022 **25.00



COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Strategic Resource Group, LLC Name of Limited Liability Compan)
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Marc Sige Name of Person
Strategie Resource Group LLC Firm/Company
6231 La Vida Terrar - Address
Roca Ratur FC 33433. City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Marc Sige at (56) 843-0740 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status (additional copy is enclosed) Certificate of Status & Certificat

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 (A Florida l	Company as it now appears on our r Limited Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Co		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
The new name must be distinguishable and contain the words "Limit	ed Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		S
(Principal office address MUST BE A STREET ADDRI	ESS)	6
		<u> </u>
		SSE STATE
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		5 7
		25 5
B. If amending the registered agent and/or registered agent and/or the new registered office address.		cords, enter the name of the ne
Name of New Registered Agent:	Marc Sige)	
New Registered Office Address:		
	Enter Florida street a	ddress
		_, 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 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.

If Changing Registered Agent Signature of New Registered Agent

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 **Type of Action** <u>Address</u> AMBR Marc G. Sigel 6231 La Vida Terrare KAdd _□ Change □ Add _□ Remove _□ Change _ Add ☐ Remove _□ Change □ Add _□ Remove _□ Change _D Add □ Remove _□ Change □ Add □ Remove _□ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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7: 5	
5 "	
E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605. Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records.	0207 (3)(b d as the
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie (b) The 90th day after the record is filed.	r of:
Dated 12/12 . 2016. Signature of a member or authorized epresentative of a member	
Beth 5 Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00