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(Re	questor's Name)	· · · · · · · · · · · · · · · · · · ·
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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J. HARRIS

## **COVER LETTER**

Division of Corpo	rations	•	•
SUBJECT:	RATEGIC AL	LIANCE LLC	
	Name of Lim	nited Liability Company	<del></del>
The enclosed Articles of Ar	mendment and fee(s) are sub	mitted for filing.	
Please return all correspond	lence concerning this matter	to the following:	
	KATHERIN	E P. PERRYMAN, Name of Person	ESQ.
		Name of Person	
	STRATER	Firm/Company	
		Firm/Company	<del></del>
	124 NE	22nd Street	
		Addiess	
	FT. Lava	City/State and Zip Code  CPA @ Gnail. Com  to be used for future annual report notifie	33305
	Strategic	CPA P. Amail. Com	
	E-mail address: (	to be used for future annual report notific	cation)
For further information con-	cerning this matter, please ca		
John I	. SINCORE	at (954) 654- Area Code Daytime	6691
Name of P	erson	Area Code Daytime	Telephone Number
Enclosed is a check for the	following amount:		
	□ \$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	☐ \$60.00 Filing Fee,
	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)

TO:

Registration Section

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

	ALLIANCE LLC
	ility Company as it now appears on our records.) da Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number \( \begin{aligned} \( \text{LOLOOOO} \) \( \text{LYO} \)  This amendment is submitted to amend the following:	Company were filed on 9/17/2002 and assigned
A. If amending name, enter the new name of the lin	nited liability company here:
The new name must be distinguishable and contain the words "Li	mited 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 ADD	124 NE 22nd Street  ORESS) FT. LAUDERDALE, FL 33305
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	124 NE 22nd Street FT. LAUDERDALE, FL 33305
B. If amending the registered agent and/or regregistered agent and/or the new registered office ad-	istered office address on our records, enter the name of the new dress here:
Name of New Registered Agent: K	ATHERINE P. PERRYMAN, ESQ.  24 NE 22nd Street  Enter Florida street address
	FT. LAUDER DALE, Florida 333°5  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.

Tathune J. Jawane of New Registered Agent

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Filing Fee: \$25.00