

LD2000024063

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

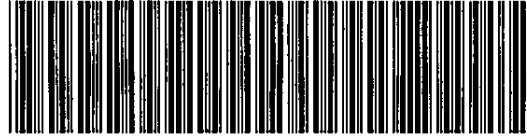
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400276893514

09/11/15--01010--011 **25.00

FILED

2015 SEP 11 P 4: 11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 14 2015
J. BRUCE

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: STRATEGIC ALLIANCE LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOHN D SINCORE

Name of Person

STRATEGIC ALLIANCE LLC

Firm/Company

3108 SANTA BARBARA BLVD. STE 105, BOX 404

Address

CAPE CORAL, FLORIDA 33914

City/State and Zip Code

STRATEGICCPA@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOHN D SINCORE

954 654-6691

Name of Person

at ()

Area Code

Daytime Telephone Number

Enclosed is a check for the 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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2015 SEP 11 P 4: 11

FILED

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

STRATEGIC ALLIANCE LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 9/17/2002 and assigned
Florida document number L02000024063.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

4410 NW 32ND TERRACE

(Principal office address MUST BE A STREET ADDRESS)

CAPE CORAL FL 33993

Enter new mailing address, if applicable:

3108 SANTA BARBARA BLVD. STE 105, BOX 404

(Mailing address MAY BE A POST OFFICE BOX)

CAPE CORAL FL 33914

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

, 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	JOHN D SINCORE	3108 Santa Barbara Blvd.	<input type="checkbox"/> Add
		Suite 105, Box 404	<input type="checkbox"/> Remove
		Cape Coral, FL 33914	<input checked="" type="checkbox"/> Change
MGR	MONICA C SINCORE	8031 Southgate Blvd. #K-7	<input type="checkbox"/> Add
		North Lauderdale, FL 33068	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
 2015 SEP 1 4:19
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

[illegible]

FILED
2015 SEP 21 P 4: 12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA