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COVER LETTER

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations

TO:

SUBJECT: Strategic	Properties Jame of Limited	Liability Company		
The enclosed Articles of Amendme	nt and fee(s) are submit	ted for filing.		
Please return all correspondence co	ncerning this matter to t	the following:		
	Kris Cool	Name of Person		
		Firm/Company		
	460 S.		#402	
	ompano,	Dean Blvd Address Beach, Fr Tity/State and Zip Code	33062	
	livedean c	e used for future annual report notific	ation)	
For further information concerning		·		
Kris Cook Name of Person		at (<u>954_)258</u> Area Code — Daytime "	9876 Felephone Number	
	Enclosed is a check for the following amount: \$\int \text{S25.00 Filing Fee} \text{ \$\subseteq \text{S30.00 Filing Fee} & \$\subseteq \text{S55.00 Filing Fee} & \$\subseteq \text{S60.00 Filing Fee} & \$\subseteq \text{Certified Copy} & \$\subseteq Certified			
<u>Mailing Address:</u> Registration Section Division of Corporation	ons	Street Address: Registration Secti Division of Corpo	(additional copy is enclosed) OH	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Strategic (Name of the Limites	VOVEY LLiabiliu Com V Florida Limite	HCS LLC pany as it now appears on our d Liability Company)	r records.)	
The Articles of Organization for this Limited Lia	bility Compai	ny were filed on7	26 2004 and assigned	i
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of the first the new name of the new name must be distinguishable and contain the work.		T- 1-16.	on "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applical (Principal office address MUST BE A STREET		no chan	ge	<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>0X)</u>	no chan	ge B	_
B. If amending the registered agent and/or regagent and/or the new registered office address		e address on our records	, enter the name of the new regi	istered
Name of New Registered Agent:	no	change		ン
New Registered Office Address:		Enter Florida stre	4 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 = N $AMBR = A$	lanager athorized Member	no	Changes Address	
<u>Title</u>	Name		Address	Type of Action
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				□Remove
				□Change
				□Remove
				□Change
				□Add
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an effec <u>ote:</u> If	e date, if other the rive date is listed, the f the date inserted in it's effective date o	date must be specif i this block does	fic and cannot t not meet the	applicable sta	f tiling or more th tutory filing req	(option an 90 days after f uirements, this	iling.) Pursuant to 60	05.0207 (sted as t
ecord : is filed	specifies a delayed J.	effective date, bu	it not an effec	ctive time, at 1	2:01 a.m. on th	e earlier of: (b)	The 90th day aft	er the
- ited	Januar	1 26	20	021.				
	Januar	Signature	of a member	or authorized re	presentative of a r	nember		
		eph 7) <i>A</i> D	1				
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Filing Fee: \$25.00