LO6 000020616 (Requestor's Name) (Address) 100351340051 (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) 08/31/20+-01088--017 **25.00 (Document Number) Certificates of Status _ Certified Copies 2020 OCT 2.2 FH 4: 3 FILED Special Instructions to Filing Officer: MISSING SIC Office Use Only 2. OCT



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 14, 2020

STRATEGIC MANAGEMENT AND TECHNOLOGY GROUP, LLC JEFFERY A. SHORTS 5642 WHITE IBIS LN LAND O'LAKES, FL 34638

SUBJECT: STRATEGIC MANAGEMENT & TECHNOLOGY SERVICES L.L.C. Ref. Number: L06000020616

We have received your document for STRATEGIC MANAGEMENT & TECHNOLOGY SERVICES L.L.C. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

The document submitted is incomplete, missing the last page (signature page). Enclosed is the missing page for your convenience. Please sign and return to our office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly Regulatory Specialist II

Letter Number: 220A00020245

RECEIVED

Division of Corporations - P.O. BOX 6327 - Tallahassee Florida 32314

COVER LETTER

e.

TO: Registration Section Division of Corporations

Strategic Management and Technology Group, LLC SUBJECT:

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:

Jeffery A. Shorts

Name of Person

Strategic Management and Technology Group, LLC

Firm/Company

5642 White Ibis Ln.

Address

Land O'Lakes, FL 34638

City/State and Zip Code

jshorts@strategients.com

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

For further information concerning this matter, please call:

Enclosed is a check for the following amount:

🔳 \$25.00 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)

<u>Mailing Address:</u> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 <u>Street Address:</u> Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF A TO	
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0	F 2020 OCT 22 PH 4: 37
Strategic Management and Technology Group, LLC (<u>Name of the Limited Liability Compa</u> (A Florida Limited L	TALLAHATL
he Articles of Organization for this Limited Liability Company lorida document number <u>106000020616</u> .	were filed on and assigned
his amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:
ie new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	21019 Marsh Hawk Dr
	Land O'Lakes, FL 34638
and the second first the second second	
nter new mailing address, if applicable: Mailing address MA <u>Y BE A POST OFFICE BON</u>	21019 Marsh Hawk Dr
Manung gauress MAT BE AT OST OFFICE BON	Land O'Lakes, FL 34638
3. If amending the registered agent and/or registered office a gent and/or the new registered office address here: Nume of New Registered Agent:	address on our records, <u>enter the name of the new registe</u>
Name of New Registered Agent:	
New Registered Office Address: 21019 Marsh	пажк ол

<u> </u>	Enter Florida street address		
	Land O'Lakes	. Florida	34638
	Сілу		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 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>	Address	Type of Action
MGRM	Jeffery A. Shorts	5642 White Ibis Ln. Land O'Lakes, FL 34638	🗆 Add
			Change
MGR	Jeffery A. Shorts Living Trust	21019 Marsh Hawk Dr. Land O'Lakes, FL 34638	= Add
			Change
AMBR	Jean L. Shorts	5642 White Ibis Ln. Land O'Lakes, FL 34638	🗆 Add
			Remove
			🗆 Change
			Divid Cremove Cremove Cremove Cremove Cremove Cremove Cremove Cremove Cremove Cremove Cremove Cremove Cremove Cremove Cremove Cremove Cremove Cremove Cremove Cremove Cremove Cremove Cremove Cremove Cremove Cremove Cremove Cremove Cremove Cremove Cremove Cremove Cremove Cremove Cremove Cremove Cremove Cremove Cremove Cremove Cremove Cremove Cremove Cremove Cremove Cremove Cremove Cremove Cremove Cremove Cremove Cremove Cremove Cremove Cremove Cremove Cremove Cremove Cremove Cremove Cremove Cremove Cremove Cremove Cremove Cremove Cremove Cremove Cremove Cremove Cremove Cremove Cremove Cremove Cremove Cremove Cremove Cremove Cremove Cremove Cremove Cremove Cremove Cremove Cremove Cremove Cremove Cremove Cremove Cremove Cremove Cremove Cremove Cremove Cremove Cremove Cremove Cremove Cremove Cremove Cremove Cremove Cremove Cremove Cremove Cremove Cremove Cremove Cremove Cremove Cremove Cremove Cremove Cremove Cremove Cremove Cremove Cremove Cremove Cremove Cremove Cremove Cremove Cremove Cremove Cremove Cremove Cremove Cremove Cremove Cremove Cremove Cremove Cremove Cremove Cremove Cremove Cremove Cremove Cremove Cremove Cremove Cremove Cremove Cremove Cremove Cremove Cremove Cremove Cremove Cremove Cremove Cremove Cremove Cremove Cremove Cremove Cremove Cremove Cremove Cremove Cremove Cremove Cremove Cremove Cremove Cremove Cremove Cremove Cremove Cremove Cremove Cremove Cremove Cremove Cremove Cremove Cremove Cremove Cremove Cremove Cremove Cremove Cremove Cremove Cremove Cremove Cremove Cremove Cremove Cremove Cremove Cremove Cremove Cremove Cremove Cremove Cremove Cremove Cremove Cremove Cremove Cremove Cremove Cremove Cremove Cremove Cremove Cremove Cremove Cremove Cremove Cremove Cremove Cremove Cremove Cremove Cremove Cremove Cremove Cremove Cremove Cremove Cremove Cremove Cremove Cremo
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			🗋 Change
			🗆 Add
			🗆 Remove
			🗌 Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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E. Effective date, if other than the date of filing: ______ (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of tiling or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

f the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ecord is filed.

October 19. 2020. A. Starts Signature of a member or authorized representative of a member Dated _____ Jeffery A. Shorts Typed or printed name of signee