

L060000068261

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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**CLERK OF STATE
TALLAHASSEE, FLORIDA**

JAN 30 2014

CLERK OF STATE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 17, 2014

SWETA SHROFF
6838 VALHALLA WAY
WINDERMERE, FL 34786

SUBJECT: CUFFLINKS DEPOT LLC
Ref. Number: L06000068261

We have received your document for CUFFLINKS DEPOT LLC and check(s) totaling \$30.00. However, the document has not been filed and is being retained in this office for the following reason(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.," also are no longer acceptable.

The document number of the name conflict is P04000001211.

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.

Deborah Bruce
Regulatory Specialist II

Letter Number: 214A00001238

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Cufflinks Depot 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:

Sweta Shroff
Name of Person

Cufflinks Depot
Firm/Company

6838 Valhalla Way
Address

Windermere FL 34786
City/State and Zip Code

jacklyn@cufflinksdepot.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sweta Shroff at (321) 662-4250
Name of Person 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

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TALLAHASSEE, FLORIDA

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

Cufflinks Depot, 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 07/07/2006 and assigned Florida document number L06000068261.

This amendment is submitted to amend the following:

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

S3 Strategic Solutions, LLC
The new name must be distinguishable and end with the words "Limited 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 ADDRESS)

6838 Valhalla Way
Windermere, FL 34786

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

6838 Valhalla Way

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

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CLERK OF SUPERIOR COURT

New Registered Agent's Signature, if changing Registered Agent:

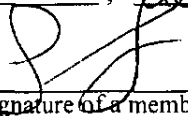
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided 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

By amending any other information, enter changes, notes (attach additional sheets, if necessary).

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 more than 90 days after filing.) (605.0207 (3)(b))

Dated Jan 10, 2014.



Signature of a member or authorized representative of a member

Sanjeu Shroff

Typed or printed name of signee

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Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA