## L07000010088

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J. SAULSBERRY EXAMINER JUN 1.7 2011

## **COVER LETTER**

TO:	Registration Sect Division of Corpo						
SUBJE	CT·	STRATEGIC DIST	RIBUTION SOLUTION	ONS			
001361		Name of Limi	ted Liability Company				
		mendment and fee(s) are sub	_	·			
			WENDY EDMOND				
			Name of Person				
STRATEGIC DIST			DISTRIBUTION SOLUTI	ONS, LLC			
		12479	NATUREVIEW CIRCL	F			
	Address						
BRADENTON, FLORIDA. 34212			212	SEC TALL	2011 JUN 14		
-		City/State and Zip Code			AHE T	M	(4)
		WENDY (E-mail address: (1	②SDSOLUTIONS-LLC.( to be used for future annual report to	COM notification)	ARY	<u>-</u>	1
For furt	her information co	ncerning this matter, please of	·		OF ST	AM 9: 48	
	WENE	Y EDMOND	at ( 941 )	527 1255	RATE	#8	
Name of Person			Area Code & Day	ytime Telephone Number			
Enclose	ed 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 enclo	\$60.00 Fili Certificat osed) Certified (additions	e of Statu Copy		ed)
	\$4 A 17 15	IC ADDRESS.	CTD FET (CO)	UDIED ADDDECC.			

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 Tallahassec, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## STRATEGIC DISTRIBTUTION SOLUTIONS, 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 Cor	mpany were filed or	n JANUA	RY 29, 2007	and	l assign	ned
Florida document number L07000010088	e.					
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limite	d liability compan	ıy here:				
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability (	Company," the	designation "LL	C" or t	the abb	reviation
Enter new principal offices address, if applicable:	<del></del> -		F	76. 26.	2011	
(Principal office address MUST BE A STREET ADDRE	<u></u>		2	2점	듵	
			, , ,	/至	-E-	A professions Authorities
			ָ ֓֞֞֞֞֞֓֓֓֓֓֓֓֓֓֞֩֓֓֓֓֓֓֓֡֓֓֡֓֡֓֡֓֓֓֡֓֡֓֡֓֡	43		
Enter new mailing address, if applicable:				F.S	1	
(Mailing address MAY BE A POST OFFICE BOX)				25	•	
[Mutang uturess MAT BE A FOST OFFICE BOX]				<del>50</del>	8	
B. If amending the registered agent and/or register registered agent and/or the new registered office addre		on our rec	ords, <u>enter th</u>	e nam	ie of t	he new
Name of New Registered Agent:						<del></del>
New Registered Office Address:						
		Enter Flor	ida street addre	255		
			. Florida			
<del></del>	City			Zip C	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 608, 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 the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
MR	THOMAS EDMOND	12479 NATUREVIEW CIRCLE BRADENTON FLORIDA 34212	Remove
			Add Remove
	***************************************		Domovo
<u>_</u>			Add Remove
			Add Remove
			A Remove
D. If amen	iding any other information, enter ch	nange(s) here: (Attach additional sheets, if necessar	SERVICE AND IT
			9: 48
er-var	0		<del></del>
Dated	June 770, s	mber or authorized representative of a member	
	WENDY FOW	10ND yped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00