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## **COVER LETTER**

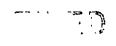
Tallahassee, FL 32314

	Registration Section Division of Corporations						
eun iez	1-1-	GIC PARTNERS NETWORK					
SUBJEC	Name of Limited Liability Company						
The encle	osed Articles of	Amendment and fee(s) are subr	nitted for filing.				
Please re	turn all correspo	ondence concerning this matter t	o the following:				
		Michelle Taylor					
			Name of Person				
		Strategic Partners Netwo	irk lic				
			Firm/Company	<del></del>			
		9410 West Cluster AVe					
		· · · · · · · · · · · · · · · · · · ·	Address	<del></del>			
		Tampa, FL 33615					
			City/State and Zip Code				
		info@strategicpartnersnet					
For furth	er information c	n-mail address: (b concerning this matter, please ca	o be used for future annual report no II:	ufication)			
Michelle			909 297-0960				
	Name c	of Person	at () Area Code Daytii	ne Telephone Number			
Enclosed	is a check for t	he following amount:					
□ <b>\$</b> 25.	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)			
	Mailing Addres		Street Address: Registration So	ection			
	Division of C		Division of Co				
	P.O. Box 632	•	The Centre of	•			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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



2020 FER 18 PH 5:51

Strategic Partners Network LLC

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

		CHV		глр Соае
	Tampa	Спу	, f`torida	4
Martines Saist Attendances.		Enter Florida sti	reet address	
New Registered Office Address:	6421 N. Florida	Ave Ste., D PMB 10	011	
Name of New Registered Agent:	Michelle Taylor			
B. If amending the registered agent and/or agent and/or the new registered office address.	registered office ac ess here:	idress on our record	ds, <u>enter the name (</u>	of the new registered
		Tampa, FL 33604		
er new mailing address, if applicable: iling address MAY BE A POST OFFICE	BON)	Ste., D PMB 1011		
Enter new mailing address, if applicable:		6421 N. Florida Ave	- ····	
			<del></del>	
(Principal office address MUST BE A STRE	ET ADDRESS)			
Enter new principal offices address, if appli	cable:			
The new name must be distinguishable and contain the	words * Limited 1 labilit	y Company, the designo	ation "LLC" or the abbit	viation "L.L.C."
A. If amending name, enter the new name of	of the iimited liabil	ity company here:		
This amendment is submitted to amend the fol	lowing:			
Piorida document number	<del>-</del>			
The Articles of Organization for this Limited I Florida document number L07000107916		vere filed on		_ and assigned
		10/22/2	007	

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

ew 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>	Type of Action
MGR	Crystal Walker	2161 Rusty Fig Court, Naples FI	□Add
			■Remove
		<del>.</del>	□Change
Secretary	Crystal Wiker	2161 Rusty Fig Court, Naples Fl 3	□Add
			■Remove
			□Change
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cord specifies a delayed effective s filed.	date, but not an c	ifective time,	at 12:01 a.m. c	n the earlier of	(b) The 90tl	n day after the
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