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2009 JUN 11 AM ID: 55
SECRETARY OF STATE

T. CLINE

JUN 12 2009

EXAMINER

COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	Name of Limit	VENTURE LLC ited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sul	bmitted for filing.	
Please return all corresp	ondence concerning this matter	r to the following:	
	<u>Susa</u>	N D. Shue Name of Person	
	STRATEG	Firm/Company	ncepts LLC
	7827 CREST	HAMMOCK Way	<u>e</u>
	_	City/State and Zip Code	Z009 JUN I I AM IO: 5 SECRETARY OF STATE TALLAHASSEE.FLORIC
		to be used for future annual report notifica	tion) SEE. RY OI
For further information	concerning this matter, please of	call:	TO TO TO
Susan Name	Shue of Person	at (941) 377~47 Area Code & Daytime T	73 Elephone Number
Enclosed is a check for t	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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Go RIGS Joint	- VENTURE UC			
Name of the Limited Liability Co.	mpany as it now appears on our records.) ted Liability Company)			
The Articles of Organization for this Limited Liability Comp	pany were filed on 100, 19, 2007 and assigned			
Florida document number <u>L0700116537</u> .				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	liability company here:			
STRATEGIC MARKET The new name must be distinguishable and end with the words "L.L.C."	ting Concepts LC Limited Liability Company," the designation "LLC" or the abbreviation			
Enter new principal offices address, if applicable:	2827 CREST HAMPINGE WAY			
(Principal office address MUST BE A STREET ADDRES.	SARASOTA, FL 345005			
Enter new mailing address, if applicable:	1827 CREST HAMFIOCE WAY			
(Mailing address MAY BE A POST OFFICE BOX)	SARASOTA, FL 34295 5			
B. If amending the registered agent and/or registered office address on our records, enter the name of the nev registered agent and/or the new registered office address here:				
Name of New Registered Agent: Susa	in D. Shue			
New Registered Office Address:	CREST HAMMDCK WAY Enter Florida street address			
Sara	SOTA , Florida 24240 City Zip Code			
New Registered Agent's Signature if changing Registered As	•			

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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

Title <u>Address</u> **Type of Action** <u>Name</u> SusaN D. Shue 7827 CREST HAMMOCK Way & Add SARASOTA, FL 34240 MGR 1827 CREST HAMMOUL Wai Remove. SARASOTA, FL 34240 ☐ Remove 🗎 Add Remove Remove 55 Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Cesan Muly MgR Signature of a member or authorized representative of a member D. Shue Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00