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16 AUG 29 AM 11:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AUG 30 2016  
J. HARRIS

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** STRATEGIS REALTY, 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:**

Name of Person

**STRATEGIS REALTY, LLC**

Firm/Company

8545 COMMODITY CIRCLE, SUITE 225

**Address**

ORLANDO, FLORIDA 32819

City/State and Zip Code

**corporations@strategisrealty.com**

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

**For further information concerning this matter, please call:**

**Nathan Emmett**

407

956-3602

at (\_\_\_\_\_)

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

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

STRATEGIS REALTY, 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 03/17/2008 and assigned  
Florida document number L08000027572.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**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:

Nathan Emmett

New Registered Office Address:

8545 Commodity Circle, Suite 225

*Enter Florida street address*

Orlando

Florida 32819

*City*

*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 Changing Registered Agent, Signature of New 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>	<u>Type of Action</u>
MGR	NATHAN EMMETT	8545 Commodity Circle, Suite 225	<input checked="" type="checkbox"/> Add
		Orlando, Florida 32819	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	LISA INGRAM	8545 Commodity Circle, Suite 225	<input type="checkbox"/> Add
		Orlando, Florida 32819	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

SECRET  
 AUG 29 11:11  
 TALLAHASSEE, FLORIDA

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If 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 record is filed.

Signature \_\_\_\_\_

Typed or printed name of signee

**Filing Fee: \$25.00**

16 AUG 29 AM 11:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA