L08000037638

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SECRETARY OF STATE STATE OF STATE ON STATE OF SORPOWATIONS

J. BRYAN DEC 11 2008 EXAMINER

COVER LETTER

TO: Registration Se Division of Con			
SUBJECT: Eligere	Strategies, LLC		•
	(Name of Limi	ited Liability Company)	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Tim Buckley		
		(Name of Person)	e de la companya de La companya de la co
	Eligere Strategies, LLC		9 E
		(Firm/Company)	0.9 ETC 10 PH 1: 16
			0 PH 1: 16
	5036 Damson Court	(Address)	
		(**************************************	
	Orlando, Florida 32821		<u> </u>
		(City/State and Zip Code)	
For further information of	concerning this matter, please co	all:	
Tim Buckley		at (321) 438-1888	
(Name	of Person)	(Area Code & Daytime T	elephone Number)
Enclosed is a check for t	he 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)
Regist Divisi P.O. B	AING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COURIER Registration Section Division of Corporatio Clifton Building 2661 Executive Cente Tallahassee, FL 32301	ons r Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

08 DEC 10 PM 1: 16

Eligere Strategies, 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 Liabi Florida document number <u>L 08000037638</u>	lity Company were filed on 04/14/200	08 and assigned		
This amendment is submitted to amend the following	ng:			
A. If amending name, enter the new name of th	e limited liability company here:			
The new name must be distinguishable and end with the "L.L.C."	ne words "Limited Liability Company," t	he designation "LLC" or the abbreviation		
Enter new principal offices address, if applicable	e:			
(Principal office address MUST BE A STREET A	ADDRESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BO	<u></u>			
B. If amending the registered agent and/or registered agent and/or the new registered office		ecords, <u>enter the name of the ne</u> y		
Name of New Registered Agent:				
New Registered Office Address:				
	(Enter Florida street address)			
_		, Florida		
	(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 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>Name</u>	Address	Type of Action
MGR	Matthew DuPree	4830 Riverside Drive Melbourne, Florida 32935	Add Remove
<u>MGRM</u>	William Matthew DuPree	2526 Canterbury Circle Viera, Florida 32955	Add Remove
MGR	Timothy P. Buckley	5036 Damson Court Orlando, Florida 32821	Add Remove
<u>MGRM</u>	Timothy P. Buckley	5036 Damson Court Orlando, Florida 32821	■☑ Add ■□ Remove
			Add Remove
			Add Remove
D. If amen	ding any other information, enter cl	hange(s) here: (Attach additional sheets, if necessary.)	
Dated Dece	mber 8 , 20	008	CAUSICAL OF STATE OF
	•	ember or authorized representative of a member	
	Timothy P. Buckley	yped or printed name of signee	***************************************

Page 2 of 2

Filing Fee: \$25.00