L08000037638

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(Requestor's Name)		
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(City	//State/Zip/Phon	e #)
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B. BOSTICK

JUL 1 5 2011

EXAMINER

COVER LETTER

TO:	Registration Sec Division of Corp	tion orations	e Prij		
SUBJE	ECT:	Eligere S	Strategies, LLC		
		Name of Limit	ed Liability Company		
The en	closed Articles of A	mendment and fee(s) are sub	mitted for filing.		
Please	return all correspon	dence concerning this matter	to the following:		
			Timothy Buckley		
			Name of Person		
		EI	gere Strategies, LLC		
			Firm/Company		
		7512	Dr. Phillips Blvd 50-188		
			Address		
		0	lando, Florida 32819		
			City/State and Zip Code		11 SEC
		E-mail address: (t	be used for future annual report notifi	cation)	CARE NO.
For fur	ther information co	ncerning this matter, please ca	ůl:		
	Timo	thy Buckley	at (_321)	438-1888	
	Name of	Person	Area Code & Daytimo	Telephone Number	PH 7:04
Enclose	ed is a check for the	e following amount:			
 [] \$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)) Certified (of Status &
		NG ADDRESS: tion Section	STREET/COURI Registration Sectio		

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Eligere Stra (Name of the Limited Liability Compa (A Florida Limited)	inv as it now appears on our records.)	,
The Articles of Organization for this Limited Liability Company Florida document numberL08000037638	were filed onApril 14, 2008	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and end with the words "Lim"L.L.C."	ited Liability Company," the designation	1 "LLC" or the abbreviation
Enter new principal offices address, if applicable:	7512 Dr. Phillips Boulevard	 1
(Principal office address MUST BE A STREET ADDRESS)	50-188	
	Orlando, Florida 32819	
		CO To Comment
Enter new mailing address, if applicable:	7512 Dr. Phillips Boulevard	
(Mailing address MAY BE A POST OFFICE BOX)	50-188	
	Orlando, Florida 32819	ORIE
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her Name of New Registered Agent: New Registered Office Address: 9840 Camb	<u>e</u> :	
	Cuy	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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = M	anager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
			Add
,			Add Remove
			Add Remove
			Add Remove
D. If amen	nding any other information, enter cha	ange(s) here: (Attach additional sheets, if necessar	TALLAHASSEE FLORIDA
Dated	July 12 ,	2011	
	Signature of a mem	ber or authorized representative of a member	
		Timothy P. Buckley	
	Tvt	ped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00