

Division of Corporations

Page 1 of 2

**LO8000073680**

Florida Department of State  
Division of Corporations  
Public Access System

Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H09000019933 3)))



H09000019933ABC1

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:  
Division of Corporations  
Fax Number : (850).617-6383

From:  
Account Name : LEGALZOOM.COM INC.  
Account Number : I20010000062  
Phone : (323)962-8600  
Fax Number : (323)962-3889

09 JAN 28 AM 8:12  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

FILED

RECEIVED  
09 JAN 28 PM 1:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**LO AMND/RESTATE/CORRECT OR M/MG  
RESIGN**

**STRUNGLIKETHEPROS.COM, LLC**

Certificate of Status	0
Certified Copy	0

Division of Corporations

Page 2 of 2

Page Count	03
Estimated Charge	\$25.00

[Electronic Filing Menu](#)

[Corporate Filing Menu](#)

[Help](#)

## FAX COVER SHEET

TO	
COMPANY	
FAX NUMBER	18506176383
FROM	Francyne Carrillo
DATE	2009-01-28 17:29:27 GMT
RE	FW: 18506176383

## COVER MESSAGE

From: BizCopier1@legalzoom.com [BizCopier1@legalzoom.com]  
Sent: Wednesday, January 28, 2009 11:12 AM  
To: Francyne Carrillo  
Subject: 18506176383

This document was digitally sent to you using an HP Digital Sending device.

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: STRUNGLIKETHEPROS.COM, 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:

Francyne Carrillo  
(Name of Person)

Legalzoom.com, Inc.  
(Firm/Company)

7083 Hollywood Blvd., Suite 180  
(Address)

Los Angeles, CA 90028  
(City/State and Zip Code)

For further information concerning this matter, please call:

Francyne Carrillo at ( 323 ) 962-8600  
(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

**FILED**

**09 JAN 28 AM 8:12**

**SECRETARY OF STATE  
TALLAHASSEE FLORIDA**

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

STRUNGLIKETHEPROS.COM, 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 07/31/2008 and assigned Florida document number L08000073680.

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**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: \_\_\_\_\_

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	Name	Address	Type of Action
MGRM	Marie Andree Hanson	1235 OAK STREET N.E. SAINT PETERSBURG FL 33701	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Christopher Hanson	1235 OAK STREET N.E. SAINT PETERSBURG FL 33701	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

09 JAN 28 AM 8:12  
 SECRETARY OF STATE  
 TALLAHASSEE FLORIDA

FILED

Dated 01-21 2009

Marie Andree Hanson FOUNDER  
 Signature of a member or authorized representative of a member

Marie Andree Hanson, Member  
 Typed or printed name of signee