# L08000 115721

Office Use Only



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12 NOV 28 PH 12: 35
14 NOV 28 PH 12: 35

### **COVER LETTER**

**TO:** Registration Section Division of Corporations

#### STRATEGIC BUSINESS CONSULTING & MANAGEMENT, LLC

SUBJECT:

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:

## JOCHEN F. OSTERMANN

Name of Person

STARTEGIC BUSINESS CONSULTING & MANAGEMENT, LLC

Firm/Company

134 15th AVE. N

Address

# SAINT PETERSBURG, FL 33704

City/State and Zip Code

rgraham1@aol.com

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

For further information concerning this matter, please call:

RONALD L. GRAHAM

239<sub>4</sub>72-7001

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

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STRATEGIC BUSINESS CONSULTING & MANAGEMENT, LLCTALL AHASSEE, FLORIDA

(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 12/19/2008	and assigned
Florida document number L08000115721	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and end with the v "L.L.C."	words "Limited Liability Company," the design	gnation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD)	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or reg		, enter the name of the new
registered agent and/or the new registered office ac	<u>udress nere</u> :	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida s	street address
	, FI	orida
_	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 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 = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	JOCHEN F. OSTERMANN	134 15th AVE. N	Add
		SAINT PETERSBURG, FL 3370	Remove
MGRM	LISTRUP INVEST, LLC	134 15th AVE. N	Add
		SAINT PETERSBURG, FL 3370	4 Remove
			Add
			Remove
			_
<del></del>			Add
			Remove
			-
			Add
			Remove
			Remove
			_

If amending any other inf	ormation, enter change(s) here: (Attach additional sheets, if necessary.)
11/12/2012	
	>
4	Signature of a member or authorized representative of a member
JOCHEN F	. OSTERMANN
	Typed or printed name of signee

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Filing Fee: \$25.00

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