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M. THOMAS

FEB 17 2009

**EXAMINER** 

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Strebor Ventures LUC (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:
George Roberts (Name of Person)
(Firm/Company)
3510 Fox Run Blvd.
Panama City Beach, FL 30408 (City/State and Zip Code)
For further information concerning this matter, please call:
George Roberts at (850) 527-4115  (Name of Person) (Area Code & Daytime Telephone Number)
(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  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

Strebor Venti	wes, LLC			
( <u>Name of the Limited Liability Company</u> (A Florida Limited Lia	as it now appears on our records. bility Company)	)		
The Articles of Organization for this Limited Liability Company w Florida document number <u>LOSOO 115895</u>	vere filed on 12/22/09	and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liability	ity company here:			
The new name must be distinguishable and end with the words "Limite "L.L.C."	d Liability Company," the designation	on "LLC" or the abbregation		
Enter new principal offices address, if applicable:	<del> </del>			
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		STATE OF THE PERSON NAMED IN COLUMN TO STATE OF THE PERSO		
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:		er the name of the new		
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, <u>enter the title</u>, <u>name</u>, <u>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>	<u>Address</u>	Type of Action
M <u>GRM</u>	Stephanie Roberts	3510 Fox Run Blvd. Panama City Beach, Fl.	Add Remove
			Add Remove
			Add Remove
<del> </del>	· ·		Add Removes <b>E</b>
			BIG RES
			Add Remore
D. If amend	ling any other information, enter change	(s) here: (Attach additional sheets, if necessary.)	
<del></del>			<del></del>
Dated	anuary 1 200	AG	<del>-</del>
Dateu	Signature of a member of	or authorized representative of a member	<del></del>
	George Robi	or-printed name of signee	

Page 2 of 2

Filing Fee: \$25.00