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(R	Requestor's Name)	
<u> </u>	ddress)	
(A	ddress)	
(C	City/State/Zip/Phone #)	
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(Document Number)		
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BIVISION OF CORPORATION

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COVER LETTER

	Registration Se Division of Cor			
SUBJEC		L STRATEGIES, LLC		
	· • · · <u> </u>	Name of Lim	ited Liability Company	
The encto	osed Articles of	Amendment and fee(s) are sub	mitted for tiling.	
Please rei	turn all correspo	ndence concerning this matter	to the following:	
		Edward C. Schultz		
			Name of Person	
		Landfall Strategies, LLC		
			Firm/Company	
		7061 S. Tamiami Trail		
			Address	
		Sarasota, FL 34231		
			City/State and Zip Code	
		eschultz(a,landfallstrategies		
			to be used for future annual report notif	scation)
For furth	er information co	oncerning this matter, please co	all:	
Edward (C. Schultz		941 451-7472 at ()	
	Name o	f Person	Area Code Daytime	: Telephone Number
Enclosed	is a check for th	te following amount:		
□ \$25.0	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

LANDFALL STRATEGIES, LLC (Name of the Limited Lightlity Compa	ny as it now annears an our records)	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	hability Company)	
he Articles of Organization for this Limited Liability Company	were filed on 06/03/2009	and assigned
forida document number <u>L09000054004</u> .		
this amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited liab	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or t	he abbreviation "L.L.C."
Inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		10 ₹
		2
Inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BON)		200
		7
3. If amending the registered agent and/or registered of egistered agent and/or the new registered office address here	_	iter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	a
	Cuv	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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Kevin Boucher	7061 S. Tamiami Trail	= Add
		Sarasota, Ft. 34231	Remove
			□ Change
			Add
			☐ Remove
			(Change
			Add
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			JUN 2
			AM II: 116
. Effective date, if other than to than effective date is listed, the date is <u>Note:</u> If the date inserted in this document's effective date on the	block does not meet the applica	to date of filing or more than 90 day able statutory filing requiremen	(optional) is after filing.) Pursuant to 605,0207 (3 ts. this date will not be listed as th
the record specifies a delay		an effective time, at 12	:01 a.m. on the earlier of:
Dated June 19	2018		
-		_	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00