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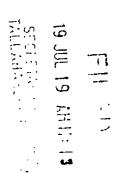
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
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COVER LETTER

Division of Co	orporations		
	Strategies, LLC		
SOBJEC.1.	Name of Lin	nited Liability Company	
The enclosed Articles o	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	Edward C. Schultz		
		Name of Person	
	Landfall Strategies, LLC	Name of Person Strategies, LLC Firm/Company amiami Trail Address F1, 34231 City/State and Zip Code andfallstrategies.com E-mail address: (to be used for future annual report notification) matter, please call:	
		Firm/Company	
	7061 S. Tamiami Trail		
		Address	
	Sarasota, FL 34231		
		City/State and Zip Code	······································
	uschultz@landfallstrategies		
			ication)
For further information	concerning this matter, please co	all:	
Edward C. Schultz			
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	Certified Copy	Certificate of Status & Certified Copy

MAILING ADDRESS:

f. 2

TO:

155

Registration Section

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		
(<u>Name of the Limited Liability Cor</u> (A Florida Limit	mpany as it now appears on our records.) ted Liability Company)	
The Articles of Organization for this Limited Liability Compa	any were filed on 06/03/2009	and assigned
Florida document number L09000054004		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited I	iability company here:	
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "L1,C" or th	te abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>	
		2:02 5
		F 7
Enter new mailing address, if applicable:		5 =
(Mailing address MAY BE A POST OFFICE BOX)		7 <u>7</u>
		 ua
B. If amending the registered agent and/or registered	office address on our records, en	<u>ter thể name of the ne</u>
registered agent and/or the new registered office address b	iere:	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Florida	Zin Cash
	City	Zin Casta

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	Boucher, Kevin	7061 S. Tamiami Trail Sarasota F1, 34231	Add
			■ Remove
			Change
			Add
			□ Remove
			□ Change
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ective date, if other effective date is listed	or than the date of fi is the date must be specific	iling:e and cannot be prior to	o date of filing or mo	(optional) re than 90 days after filing.) Pursuant to 605.02
<u>e:</u> If the date insert	ed in this block does nate on the Department	iot meet the applical	ble statutory filing	requirements, this date	will not be listed a
	,				
record specifies	a delayed effectiv	ve date, but not	an effective ti	me, at 12:01 a.m.	on the earlier
he 90th day afte	er the record is file	ed.			
July 11		2019			
6/	1.6/1			of a member	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00