

LD9 000067798

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500170678495

03/01/10--01029--013 **25.00

2010 MAR - 1 AM 10:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

T. CLINE
MAR - 2 2010
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: STRATEGIX CAPITAL GROUP, 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:

CHRISTINA B. SUTCH, ESQ
Name of Person

ATMS
Firm/Company

6905 N. WICKHAM RD., SUITE 403
Address

MELBOURNE, FL 32940
City/State and Zip Code

legal@tekcomgroup.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CHRISTINA B. SUTCH at (321) 254-4949
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

2010 MAR - 1 AM 5:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

STRATEGIX CAPITAL GROUP, LLC

STRATEGIX CAPITAL GROUP, LLC

Page 1 of 2

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

FILED
 2010 MAR -1 AM 10:51
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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

Dated 24 FEBRUARY, 2010.

[Signature]
 Signature of a member or authorized representative of a member

THOMAS E. BIDDIX
 Typed or printed name of signee