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2010 HAR -1 AN DE 51
SECRETARY OF STATE
TAIL AHASSEE, FLORID

T. CLINE
MAR - 2 2010
EXAMINER

COVER LETTER

TO: * Registration Section Division of Corporations	•	
SUBJECT: STRATEGIX CA	ERTA_GROP, LLC ited Liability Company	
The enclosed Articles of Amendment and fee(s) are sub Please return all correspondence concerning this matter	_	
CHUSTINA 1	B. SUTCH ESQ Name of Person	
6905 N. V	NICKHAM PD., SUITE 40 Address 32940	2010 MAR -1 SECRETAR
For further information concerning this matter, please ca	City/State and Zip Code COMOVOUP. COM To be used for future annual report notification)	R-1 MP 5
CHESTINA B. SUTCH Name of Person	at (321) 254 - 4949 Area Code & Daytime Telephone Number	9m -
Enclosed is a check for the following amount: \$\sum{\$\$\$\$\$\$\$\$}\$	(additional copy is enclosed) Certified	te of Status &
MAILING ADDRESS: Registration Section	STREET/COURIER ADDRESS: Registration Section	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability		n our records.)		
(A Florida I	Company as it now appears of Limited Liability Company)			
The Articles of Organization for this Limited Liability C Florida document number LO9000677	Company were filed on 67	14 2009 and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lim	ited liability company here:			
The new name must be distinguishable and end with the wor "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDR	rds "Limited Liabilit " Company,	"the designation "LLC" or the abbreviation		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		OF STATE		
B. If amending the registered agent and/or regist registered agent and/or the new registered office add		records, enter 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 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 = M MGRM =	lanager Managing Member		
<u>Title</u>	Name	Address	Type of Action
			Add Remove
	·		Add Remove
			Add Remove
			ALL AREMOVE
			Remove
			Add Remove
D. If amer	nding any other information, enter chang	ge(s) here: (Attach additional sheets, if necessa	יניני)
_			
<u>-</u>			
Dated 24	+ FOBENARY, 20	210.	
	Signature of a member	of authorized representative of a member	
	THOMASE. BIDE	or printed name of signee	

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Filing Fee: \$25.00