

LD9000068090

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2009 AUG 28 PM 3:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C. LEWIS

Aug 31 2009

EXAMINER

ATTN: CAROLYN LEWIS COVER LETTER

TO: Registration Section  
Division of CorporationsSUBJECT: STRATEGIC CAPITAL ALLIANCE, 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:

TROY RAMBARANSINGH  
Name of PersonSTRATEGIC CAPITAL ALLIANCE, LLC  
Firm/Company6039 CYPRESS GARDENS BLVD., STE #163  
AddressWINTER HAVEN, FL. 33884  
City/State and Zip CodeBIZ@CYBERBUDDIES.ORG  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TROY RAMBARANSINGH in (407) 927-9768  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee  
ALREADY  
PAID☐ \$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 32314STREET/COURIER ADDRESS:  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 31, 2009

TROY RAMBARANSINGH  
STRATEGIC CAPITAL ALLIANCE, LLC  
8037 ASPENCREST COURT  
ORLANDO, FL 32835

SUBJECT: STRATEGIC CAPITAL ALLIANCE, LLC  
Ref. Number: L09000068090

We have received your document for STRATEGIC CAPITAL ALLIANCE, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or an authorized representative of a member.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6047.

Carolyn Lewis  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 309A00026323

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED

2009 AUG 28 PM 3: 09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

STRATEGIC CAPITAL ALLIANCE, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on July 14, 2009 and assigned  
Florida document number L 09000068090

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

5401 S. KIRKMAN ROAD  
ORLANDO, FL 32819

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

6039 CYPRESS GARDENS BLVD, STE 163  
WINTER HAVEN, FL 33884

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

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

08/31/2009

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

Title	Name	Address	Type of Action
MGRM	INDRAJEET RAMBARANSINGH	6039 CYPRESS GARDENS BLVD. STE #163 WINTER HAVEN, FL 33884	<input checked="" type="checkbox"/> Add - ADDRESS <input type="checkbox"/> Remove CHANGE
MGR	TROY RAMBARANSINGH	6039 CYPRESS GARDENS BLVD. STE #163 WINTER HAVEN, FL 33884	<input type="checkbox"/> Add ADDRESS <input type="checkbox"/> Remove CHANGE
			<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

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

Dated AUGUST 27, 2009

I. R. Singh

Signature of a member or authorized representative of a member

INDRAJEET RAMBARANSINGH

Typed or printed name of signee

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2009 AUG 28 PM 3:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA