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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

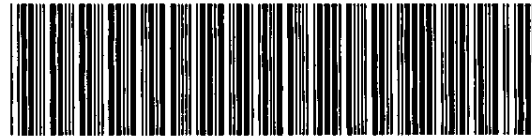
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

Shivers DEC 18 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Strikers Personnel 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:

Madison Stanford

Name of Person

Fort Lauderdale Strikers

Firm/Company

1350 NW 55th St

Address

Fort Lauderdale FL 33309

City/State and Zip Code

madison@strikers.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

madison Stanford

Name of Person

at (310)

Area Code

948 5117

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

Strikers Personnel LLC

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>Madison Stanford</u>	<u>1350 NW 55th st</u> <u>Fort Lauderdale FL 33309</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
<u>P</u>	<u>Aaron, Davidson</u>	<u>501 Brickell Key dr. suite 407</u> <u>Miami FL 33131</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>ST</u>	<u>Eduardo, Pletsch</u>	<u>501 Brickell Key dr. suite 407</u> <u>miami FL 33131</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>D</u>	<u>Stefano, Hawilla</u>	<u>Rua Bento de Andrade, 700</u> <u>Sao Paulo, SP 04503 Br.</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>MGRm</u>	<u>Traffic sports USA, inc.</u>	<u>501 Brickell Key dr. suite 407</u> <u>miami FL 33131</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove

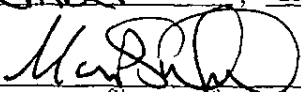
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 12 December, 2014



Signature of a member or authorized representative of a member

Madison Stanford

Typed or printed name of signee

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Filing Fee: \$25.00

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