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13 SEP -9 PH 4: 1
SECURE LARY OF STATE
MANASSEE, FLORIDA

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT:

STRATHMILL 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:

Roberto Mazzoni

Name of Person

Twin Invest LLC

Firm/Company

140 Island Way Suite 287

Address

Clearwater FL 33767

City/State and Zip Code

mazzoni@americasa.eu

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

For further information concerning this matter, please call:

Roberto Mazzoni

 $_{at}$ (727) 3489160

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Li (A Fl	ability Company as it now appears on our record orida Limited Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liab Florida document number L09000121827	ility Company were filed on 12/23/2009	and assigned
This amendment is submitted to amend the follow	ing:	FIL 13 SEP - SEURETAF
A. If amending name, enter the new name of the	_	SEE, FL
The new name must be distinguishable and end with t "L.L.C."	he words "Limited Liability Company," the designa	ation "LIS for the abbreviation
Enter new principal offices address, if applicab	le:	
(Principal office address MUST BE A STREET)	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered offic	registered office address on our records, on eaddress here:	enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida str	eet address
	Linei i witau sii	DET MUUT EDD
	, Flor	
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

STRATHMILL LLC

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, 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** <u>Name</u> **Address Type of Action** Remove Remove Add Remove Remove Remove Remove

The currently reported EIN contains an error
the correct number is: 30-0596221
Dated September 5 2013
Block allower
Signature of a member or authorized representative of a member
Roberto Mazzoni
Typed or printed name of signee
Page 3 of 3

Filing Fee: \$25.00

3 SEP -9 PM 4: 14