

L10000026936

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

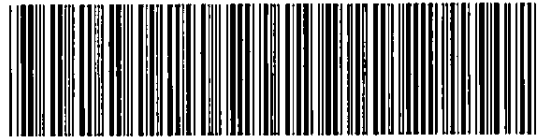
(Business Entity Name)

(Document Number)

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CLERK OF STATE  
TALLAHASSEE, FL

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: StrataPT 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:

Kimberly Peacock  
Name of Person  
StrataPT LLC  
Firm/Company  
3983 Destination Drive Ste 204  
Address  
Osprey, Florida 34229  
City/State and Zip Code  
kim@stratapt.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kim Peacock 941 504-7457  
Name of Person at ( ) Area Code Daytime Telephone Number

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TALLAHASSEE  
STATE OF FLORIDA

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|--|--|

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

StrataPT 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 03/10/2010 and assigned  
Florida document number L10000026936.

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 contain 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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STATE  
OFFICE, FL  
F.L.C.D.  
3983 Destination Drive  
Ste 204  
Csprey, FL 34229

**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*

*City*

*Florida*

*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 605, 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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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>
AMBR	Veerinder Paul Singh	3983 Destination Drive Ste 204	<input checked="" type="checkbox"/> Add
		Osprey, Florida 34229	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Benjamin Yanis	3983 Destination Drive Ste 204	<input checked="" type="checkbox"/> Add
		Osprey, Florida 34229	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Paul Willcox	3983 Destination Drive Ste 204	<input checked="" type="checkbox"/> Add
		Osprey, Florida 34229	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Adam Peacock	3983 Destination Drive Ste 204	<input type="checkbox"/> Add
		Osprey, Florida 34229	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Kimberly Peacock	3983 Destination Drive Ste 204	<input type="checkbox"/> Add
		Osprey, Florida 34229	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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STATE OF FLORIDA

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 03/27, 2023

Kimberly Pearce  
Signature of a

Signature of a member or authorized representative of a member

Kimberly Peacock

Typed or printed name of signee

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CLERK OF DISTRICT COURT  
TALLAHASSEE, FL

**Filing Fee: \$25.00**