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(Requestor's Name)	
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(City/State/Zip/Phone #)	
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(Business Entity Name)	
(Document Number)	
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DIVISION OF CORPORATIONS

T. HAMPTON
AUG 2 5 2010
EXAMNER

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Stylke 1St Enterprise 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:		
Prilma Marie Juan Name of Person		
Strike St Enterprise LLC		
9412 NW 410th St.		
Suprise FL 33351 City/State and Zip Code		
Stylke Stexes @ omal . com E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Name of Person at (951) U83-3128 Area Code & Daytime Telephone Number		
Enclosed is a check for the following amount: \$\sum_\$25.00 \text{ Filing Fee & }\sum_\$55.00 \text{ Filing Fee & }\sum_\$55.00 \text{ Filing Fee,}		
Certificate of Status Certificate of Status Certificate of Status Certificate of Status & Certified Copy (additional copy is enclosed) 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

ARTICLES OF U	DRGANIZATION Q
0	F SE VISE
Name of the Limited Liability Compandation for this Li	3 200
Florida document number 10000 1 23 9	7
This amendment is submitted to amend the following:	<i>0</i> ,
A. If amending name, enter the new name of the limited liab	oility company here:
Strike 1st Enteror	ises 1.11
The new name must be distinguishable and end with the words "Lim" L.L.C."	
Enter new principal offices address, if applicable:	9412 NW 46th St.
(Principal office address MUST BE A STREET ADDRESS)	Sunrise, FL 33351
	110
Enter new mailing address, if applicable:	9412 NW 462 St.
(Mailing address MAY BE A POST OFFICE BOX)	Sunrise Fl 33351
B. If amending the registered agent and/or registered of	ffice address on our records, enter the name of the new
registered agent and/or the new registered office address her	<u>re</u> :
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

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

<u>Address</u> Type of Action Title Name Remove ☐ Add Remove ☐ Add Remove ∏Add ___Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00