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COVER LETTER

TO:	Registration Division of C			
	ett. Us	O 1911	100 1 110	
0000001			al Strategies, LLC	
		Name of Lim	ited Liability Company	
The end	closed Articles	of Amendment and fee(s) are sul	omitted for filing.	
Please	return all corres	spondence concerning this matter	to the following:	
Donna Tafuro				
Geo Politic			Name of Person	
			Political Strategies, LLC	
			Firm/Company	
			1404 W Fletcher Ave	,
····			Address	
Tampa, FL 33612 City/State and Zip Code donna@geopolitical-strategies.com E-mail address: (to be used for future annual report notification)				
			City/State and Zip Code	
For fur	ther information	n concerning this matter, please	-	
roi iui	inci illioilliatioi	t concerning this matter, piease t	·411.	
	{	Donna Tafuro	at (813)	708-1221
Name of Person		e of Person	Area Code & Daytime	Telephone Number
Enclose	ed is a check for	r 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			STREET/COURIE Registration Section	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

FILED

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Zip Code

SECRETARY OF STATES Geo Political Strategies, LLC (Name of the Limited Liability Company as it now appears on our records ASSEE: FLORIDA (A Florida Limited Liability Company) 1/18/11 and assigned The Articles of Organization for this Limited Liability Company were filed on _____ L11000006364 Florida document number ____ 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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

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.

City

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 **Type of Action** <u>Title</u> <u>Name</u> Address **MGRM** Coyne, Monique 1404 W Fletcher Ave ☐ Add Remove Tampa, FL 33612 ☐ Add ☐ Remove ☐ Add ☐ Remove ☐ Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated ____ Jan 27 Signature of a member or authorized representative of a member Donna Tafuro

Page 2 of 2

Typed or printed name of signee

Filing Fee: \$25.00