## C110000177-59

| (Re                     | questor's Name)   |             |
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| (Cit                    | y/State/Zip/Phone | e #)        |
| PICK-UP                 | ☐ WAIT            | MAIL        |
| (Bu                     | siness Entity Nar | ne)         |
| (Do                     | cument Number)    |             |
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| Special Instructions to | Filling Officer:  |             |
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2011 HAY -2 AH DE 52 SECRETARY OF STATE

T. CLINE
MAY - 4 2011
EXAMINER

## **COVER LETTER**

| TO: Registration S Division of Co |  |   |   |                     |         |
|-----------------------------------|--|---|---|---------------------|---------|
| SUBJECT:                          | Statusgrow Str<br>Name of Limi             | rategies & Solution<br>ited Diability Company   | ons, LLC  |                     |         |
| The enclosed Articles of          | of Amendment and fee(s) are sul            | bmitted for filing.   |   |                     |         |
| Please return all corresp         | condence concerning this matter            | to the following:   |   |                     |         |
|                                   | Kev  | n Clarke<br>Name of Person  | ,   |                     |         |
|                                   | Statusgro                                  | w Strategies & Se<br>Firm/Company   | Jutions   |                     |         |
|                                   | 862 Oak                                    | Branch Place Address  |   |                     |         |
|                                   |  | Address   | <br>Ş∕S   | 28                  |         |
|                                   | Sanford                                    | , FL 32771  | ECRET   | II FILM             | "[]     |
|                                   | Statusgrows<br>E-nylil address: (          | City/State and Zip Code  Trategies @ gmail.  to be used for future annual report notifica | COM<br>LAHASSEE, FL   | 2011 FLAY -2 AM (D) |         |
| For further information           | concerning this matter, please of          |   | L OF C  | } <b>5</b>          | States. |
| / .                               |  |   | a a a a a a a a a a a a a a a a a a a   | 1 55 S              |         |
| Keuin                             | Clarke                                     | at (407) 760 - 2  | 3/3 ~~~   |                     |         |
| Name                              | of Person                                  | Area Code & Daytime 1   | Celephone Number  |                     |         |
| Enclosed is a check for           | the following amount:                      |   |   |                     |         |
| \$25.00 Filing Fee                | \$30.00 Filing Fee & Certificate of Status | S55.00 Fiting Fee & Certified Copy (additional copy is enclosed)                          | \$60.00 Filing Fee,<br>Certificate of Sta<br>Certified Copy<br>(additional copy | atus &              | ed)     |
| MAI                               | I INC ADDRESS:                             | STREET/COURIE   | R ADDRESS:  |                     |         |

MAILING ADDRESS:

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 OF

| Statusgrow Stra  | rtegies                      | & So                            | lutions                                | LLC  |            |                  |
|--|------------------------------|---------------------------------|--|--|------------|------------------|
| Statusgrow Stra<br>(Name of the Limited Liability<br>(A Florida                                  | ty Company a<br>Limited Liab | is it now appe<br>ility Company | ars on our rec                         | <u>6rds.</u> )                                 |            |                  |
| The Articles of Organization for this Limited Liability of Florida document number               | Company we<br><b>59</b> .    | re filed on                     | 1/28/2                                 | <u>2011                                   </u> | nd assigr  | ned              |
| This amendment is submitted to amend the following:  |                              |                                 |  |  |            |                  |
| A. If amending name, enter the new name of the lin   | nited liability              | y company h                     | <u>ere</u> :                           |  |            |                  |
| The new name must be distinguishable and end with the wo   | ords "Limited                | Liability Com                   | pany," the desig                       | gnation "LLC" o                                | or the abb | reviatio         |
| Enter new principal offices address, if applicable:  | _                            | ·                               |  |  | ~          |                  |
| (Principal office address MUST BE A STREET ADD   | RESS)                        | <u>.</u>                        | · · · · · · · · · · · · · · · · · · ·  | ALEC   | =          | <del>anger</del> |
| Enter new mailing address, if applicable:  | -                            |                                 |  | RETARY OF<br>AHASSEE I                         | 四/-2 至     | F.               |
| (Mailing address MAY BE A POST OFFICE BOX)   | _                            |                                 |  | SI DRIE  | 25<br>25   |                  |
| B. If amending the registered agent and/or registered agent and/or the new registered office add |                              | address on                      | our records                            | , enter the na                                 | me of t    | the nev          |
| Name of New Registered Agent:  |                              |                                 | ······································ |  |            |                  |
| New Registered Office Address:   |                              | 1                               | Enter Florida s                        | treet address                                  | <u> </u>   | <del></del>      |
|  |                              |                                 | , Flo                                  | orida  |            |                  |
|  | C                            | 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 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 = Ma                               | anaging Member                          |  |                            |
|---|---|--|----------------------------|
| <u>Title</u>                            | <u>Name</u>                             | Address  | Type of Action             |
| <u>MGRM</u>                             | Karlene H. Clarke                       | 862 Oakbranch Place<br>Sanford, FL 32771             | Add Remove                 |
|   |   |  | Add Remove                 |
|   |   |  | Add<br>Remove              |
| *************************************** |   |  | Add Remove                 |
|   |   |  | ASE REPOVE                 |
|   |   |  | 2 Add See See See FL ORIDE |
| D. II amendi                            | ing any other information, enter change | e(s) here: (Attach additional sheets, if necessary.) |                            |
|   |   |  |                            |
| Dated                                   | fpr./26,20                              | <u>//</u> .  | ···                        |
|   | ,                                       | or authorized representative of a member             |                            |

Page 2 of 2

Filing Fee: \$25.00