

L12000031601

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12 APR 20 PM 2:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Strategic Intelligence Solutions 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:

Clifton Cox
Name of Person

Strategic Intelligence Solutions
Firm/Company

P.O. Box 71
Address

Joppatowne MD 21085
City/State and Zip Code

3053usmc@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Clifton Cox at (347) 982-3995
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

Strategic Intelligence Solutions 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 03/05/2012 and assigned

Florida document number L12000031601

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)

1489 West 13th ST, Bay 5

Riviera Beach, FL 33404

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

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 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

Title	Name	Address	Type of Action
MGRM	Bahrenburg, Walter	1489 W. 13 th St Bay 5 Riviera Beach FL 33404	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Graves, Yaminah N	920 Metcalf Ave Bronx, NY 10473	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Cox, Adrienne	2404 Bytham Ct, unit 303 Windsor Mill, MD 21244	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Placeres, Jeanette	562 Renee Drive unit B Joppatawne, MD 21085	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Cox, Clifton P	1489 W. 13 th St Bay 5 Riviera Beach FL 33404	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated 04/18/2012

Clifton P Cox

Signature of a member or authorized representative of a member

Clifton P Cox

Typed or printed name of signer