L12000072055

Office Use Only



000239883550

09/27/12--01018--017 **25.00

SECRETARY OF STATE
ALLAHASSEE, FLORIDA

D. BRUCE

SEP 28 2012

EXAMINER

COVER LETTER

Division of Co				
SUBJECT:	Strat	tawise, LLC		
		ted Liability Company		
	f Amendment and fee(s) are sub condence concerning this matter	-		
		Franz Badias		
Name of Person				
Stratawise, LLC Firm/Company				
	1	9709 Hiawatha Road		
	Address			12 SE SECRI
	Odessa, FL 33556 City/State and Zip Code			SEP 27 CRETARY LAHASSI
	E-mail address: (adias@stratawise.com to be used for future annual repor	t notification)	AND FILED P 27 AM II: 47 ETARY OF SIATE HASSEE, FLORID
For further information	concerning this matter, please of	eall:		SEC.
F	ranz Badias	at (813)	892-4759	•
Name	of Person	Area Code & I	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 end		of Status &
MAILING ADDRESS:		STREET/C	OURIER 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

Strataw	ise, LLC			
(Name of the Limited Liability Comp (A Florida Limited	any as it now appea	rs on our records.)	· · · · · · · · · · · · · · · · · · ·	
(71 Torica Dillino	Eldothly Company)			
The Articles of Organization for this Limited Liability Compan	y were filed on	May 29, 2012	and assigned	
Florida document number L12000072035				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lia	hility campany he	ra.		
A. If amending name, enter the new name of the infined ha	ionity company ne	i C.		
The new name must be distinguishable and end with the words "Lir	nited Liability Comp	any." the designation "Ll	.C" or the abbreviation	
"L.L.C."		,,		
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)			TAIL SI	
			CORE E	
			P2	
Enter new mailing address, if applicable:			SEE OF SEE	
(Mailing address MAY BE A POST OFFICE BOX)				
	•		-081 0	
)*	
B. If amending the registered agent and/or registered		our records, <u>enter th</u>	e name of the new	
registered agent and/or the new registered office address he	ere:			
Name of Name Basistand Assess				
Name of New Registered Agent:				
New Registered Office Address:	F7-			
	Enter Florida street address			
***		, Florida	71. (1. 1.	
	Citv		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 Wes Kinnett 12603 Ashdown Drive 📝 Add Odessa, FL 33556 Remove Remove ☐ Remove ∏ Add Remove ∏Add Remove □Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) SEPTEMBER 24TH Signature of a member or authorized representative of a member Franz Badias Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00