

Division of Corporations

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# L120002086233

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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H120002086233ABCV

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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : AGENTS AND CORPORATIONS, INC  
Account Number : 120010000112  
Phone : (302) 575-0875  
Fax Number : (302) 575-1642

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
STRATEGIC CRM SOLUTIONS LLC.**

Certificate of Status	0
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D. BRUCE

AUG 21 2012

EXAMINER

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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**STRATEGIC CRM 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 AUG. 15, 2012 and assigned  
Florida document number L12000105579

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 "LLC."

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**)

12 AUG 20 AM 8:50  
SECRETARY OF STATE  
ALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

**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*

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

Title	Name	Address	Type of Action
MGR	ROBERT IAFELICE	US HIGHWAY 41 N APOLLO BEACH, FL 33572	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	SHARON IAFELICE	US HIGHWAY 41 N APOLLO BEACH, FL 33572	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input 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

8-20-12

*Robert Iafelice*

Signature of a member or authorized representative of a member

Robert Iafelice

Typed or printed name of signee

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

12 AUG 20 AM 8:50

APPROVED  
AND  
FILED