

L13000033418

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

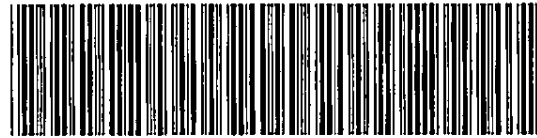
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700312765727

05/03/18--01010--010 ♦\$25.00

RECEIVED
FALLS CHURCH, VA
FALLS CHURCH, VA

2018 JUN - 4 AM 9:01

FILED

JUN 05 2018
J. HARRIS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: STRAT CONSULTANTS, 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:

KEVIN M. LEONARD

Name of Person

Firm/Company

340 ROYAL POINCIANA WAY, STE 328-703

Address

PALM BEACH, FL 33480

City/State and Zip Code

INFO@TGLHOLDINGSCO.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KEVIN M. LEONARD

561

632-3144

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 7, 2018

KEVIN M LEONARD
340 ROYAL POINCIANA WAY, STE 328-703
PALM BEACH, FL 33480

SUBJECT: STRAT CONSULTANTS, LLC
Ref. Number: L13000033418

We have received your document for STRAT CONSULTANTS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Page 1 is missing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris
Regulatory Specialist II

Letter Number: 818A00009380

48

RECEIVED

2018 JUN -5 AM 10:39

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL

RECEIVED

2018 JUN -4 AM 8:01

FILED

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

Strat Consultants, 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 3/5/13 and assigned Florida document number L13000033418.

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 contain 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

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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Kevin M. Leonard	340 Royal Poinciana Way, Ste 328-703 Palm Beach, FL 33480	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	Kevin M. Leonard	340 Royal Poinciana Way, Ste 328-703 Palm Beach, FL 33480	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Lauren E. Leonard	340 Royal Poinciana Way, Ste 328-703 Palm Beach, FL 33480	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2020 JUN 4 4:03 PM
TALLAHASSEE, FL
OFFICE OF THE
CLERK OF THE
COURT

