

L13000059704

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

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(Document Number)

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15 AUG 14 PM 1:26

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 AUG 14 PM 1:33

RECEIVED
AND
FILED

K. SALY
EXAMINER
AUG 14 2015

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Integrated Project Strategies, 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:

James Sampson

Name of Person

Firm/Company

1575 Paul Russell Road, Apt 4803

Address

Tallahassee, FL 32301

City/State and Zip Code

jsamp002@gmail.com

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

For further information concerning this matter, please call:

James Sampson

727 320-3260
at ()

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**

Integrated Project Strategies, LLC

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

15 AUG 14 PM 1:33
FILED
TALLAHASSEE FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 4/23/2013 and assigned Florida document number L13000059704.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Strategist Project Support Services, LLC

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>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Change

15 AUG 14 PM 1:38

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