L13000107025

	(Requestor's Name)
	(Requestors Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
_	
☐ PICK-UI	P WAIT MAIL
	(Business Entity Name)
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
,	
	
Special Instructions	s to Filing Officer:
<u></u>	





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COVER LETTER

TO: Registration So Division of Co	rporations	,.	
SUBJECT: //v	Her Strates,	ic Advising, LL	<u>(</u>
	Name of Lim	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Mar	HKHler Name of Person	
	···	Name of Person	
	Kittle	- STrategic, Lic	
		Firm/Company	
	438,	1 C9sfer Court Address	
	Hollyw	City/State and Zip Code Krtler Strategic to be used for future annual report not	/
		City/State and Zip Code	•
	Motta	. Kuttler Strategi	c-com
	E-mail address: (to be used for future annual report not	ification)
For further information c	concerning this matter, please c	all:	
Matkitt	ler	954, 410	-9700
Name o	of Person	at (<u>959</u>) <u>410</u> Area Code Daytin	ne Telephone Number
	l en :		
Enclosed is a check for the	~	_	
\$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 Addres	is <u>:</u>	Street Address:	
Registration Section		Registration Se	
Division of Corporations P.O. Box 6327		Division of Co	•
Tallahassee, l		The Centre of 1 2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	gic Advising, LLC
(<u>Name of the Limited Liabilit</u> (A Florida	ty Company as it now appears on our records.) i Limited Liability Company)
The Articles of Organization for this Limited Liability Co Florida document number <u>L1300010 70 25</u>	Company were filed on Jvly 29, 2013 and assigned 5.
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limi	ited liability company here:
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "LLC" or the abbreviation "LL,C."
Enter new principal offices address, if applicable:	Sold DE TALL DE
Principal office address MUST BE A STREET ADDR	<u>(E33)</u>
Enter new mailing address, if applicable:	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter the name of the new reg
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>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
		 -	□Remove
			□Change
			□Add
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			🗆 Change
			□Add
			□Remove

Page 2 of 3

D. If an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	······································
(If an e <u>Note</u>	(optional) flective date, if other than the date of filing:
f the re b) Th	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	1 12/11/2019
	JATAT
	Signature of a member or authorized representative of a member
	Mottkither
	Typed or printed name of signee