

L13000175831

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

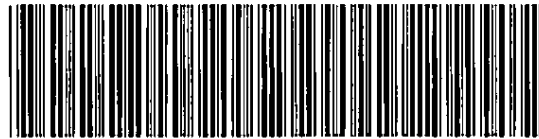
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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1. ...  
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2021 JUN 19 11:11:00

2021 JUN 19 AM  
CLERK OF  
RECEIVED

FLORIDA CAPITAL COURIER SERVICES, INC.  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
(850) 524-6243

\_\_\_\_\_  
(OFFICE USE ONLY)

**Business Name & Document Number, (if known):**

I. PROSOFT USA LLC  
Name Document Number (if known)

☒ Walk in ☐ Will wait

☐ Certified Copy of the Articles of Organization  
☐ Certificate of Status

**NEW FILINGS**

☐ Profit  
☐ Not for Profit  
☐ Limited Liability  
☐ Domestication  
☐ INC  
  
☐ OTHER

**AMENDMENTS**

☒ Amendment  
☐ Resignation of R.A. Officer/Director  
☐ Change of Registered Agent  
☐ Dissolution/Withdrawal  
☐ Conversion  
  
☐ Merger

**OTHER FILINGS**

☐ Annual Report  
☐ Fictitious Name  
  
☐ Statement of Authority  
  
☐ APOSTIL ( )         
COUNTRY

**REGISTRATION/QUALIFICATIONS**

☐ Foreign  
☐ Limited Partnership  
☐ Reinstatement  
  
☐ Trademark  
☐ Other

**EXAMINER'S INITIALS:** \_\_\_\_\_

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: I AM THE MANAGER 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:

Name of Person  
Firm/Company  
1314 E LAS OLAS BLVD # 607  
Address  
FORT LAUDERDALE FL 33301  
City State and Zip Code  
IAMTHEMANAGERLLC@GMAIL.COM  
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

RICH BURDETTE 954 415 0122  
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 &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|--|--|

Mailing Address:  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address:  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

I AM THE MANAGER 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 12/20/2013 and assigned  
Florida document number L13000175331.

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)

Hunkins Waterfront Plaza, Suite 556,  
Main Street, Charlestown, Nevis  
~~St. Kitts~~

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

PO Box 0601-0395 - Azero Business Center  
PANAMA, Rep. de Panama

**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>
AMBR	STRATEGIC STASH SPOT LLC	<del>1401</del> PO Box 0601-0395 Azveco Business Center Panama, Rep. de Panama	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
MGR	I AM THE MANAGER INC	1309 Coffeen Ave STE 2357 Sheridan, WYOMING 82801	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
MGR	Richard Burdette	1314 E LAS OLAS BLVD #607 Ft Lauderdale FL 33301	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
AMBR	Richard Burdette	1314 E LAS OLAS BLVD #607 Ft. Lauderdale, FL 33301	<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

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**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 1/15/2021

Leta Mannars - Authorized Member  
Typed or printed name of signee