L14 0000 19745

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COVER LETTER

TO:

Registration Section
Division of Corporations %

....

Strong LE Consulting, 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:

Juan M. Miranda

Name of Person

Strong LE Consulting, LLC

Firm/Company

13194 US Hwy. 301 S, Suite 144

Addres

Riverview, FL 33578

City/State and Zip Code

imiranda628@gmail.com

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

For further information concerning this matter, please call:

Juan M. Miranda

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

Strong LE Consulting, LLC				
(Name of the Limited Liability Compa (A Florida Limited)	iny as it now appears on our records.) Liability Company)		-	
The Articles of Organization for this Limited Liability Company Florida document number <u>L14000019745</u>	were filed on Feb 5, 2014	and	assign	ied
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	oility company here:			
The new name must be distinguishable and end with the words "Limited Liab	oility Company," the designation "LLC" or the	abbreviatio	n "L.L.	C."
Enter new principal offices address, if applicable:	12320 Bramfield Dr			
(Principal office address MUST BE A STREET ADDRESS)	Riverview, FL 33579			
		•		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		<u> </u>		
IMMINING BUMESS MAT BL AT OST OFFICE BOAY				
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		the nar	ne of	the new
Name of New Registered Agent:		100 200 200 200	Transparie	
New Registered Office Address:			÷ :	mar Toga
Tiew Registered 57000 7 Idda 035.	Enter Florida street address	(C)	2	- second
	, Florida	Zip Co	de :	
New Registered Agent's Signature, if changing Registered Agent:	<u>.</u>	完全	: AO	Section .
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office	performance of my duties, and I am provided for in Chapter 605, F.S. Or	familiar , if this d	with a	and

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Ma AMBR = Au	anager athorized Member		
Title	<u>Name</u>	Address	Type of Action
			CJ Add
			□ Remove
			Remove
			Add
			□ Remove
			Add
			Remove
			→ D Add
			Remove
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			☐ Remove

f amending any other information, enter change(s) here: (Attach additio	nal sheets, if necessary.)
·	
•	
Effective date, if other than the date of filing:	(optional)
The effective date must be specific, cannot be prior to date of receipt or filed date and cannot b the date this document is filed by the Florida Department of State)	
Dated June 12 , 2014	
J.d. Lind	•
Signature of a member or authorized representative	of a member
Juan M. Miranda 💍 🕆	
Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00