

L14000029533

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

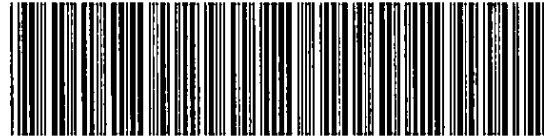
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2018 OCT -4 AM 11:37

STATE
CLERK
TALLAHASSEE, FLORIDA

N BRUCE
OCT 05 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 22, 2018

MARIA MELENDEZ
3470 NW 82ND AVENUE, SUITE 890
MIAMI, FL 33122

SUBJECT: STRATEGIES MANAGEMENT LLC
Ref. Number: L14000029533

We have received your document for STRATEGIES MANAGEMENT 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):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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.

Deborah Bruce
Corporate Records Supervisor

Letter Number: 018A00019854

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DIVISION OF STATE
CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: STRATEGIES MANAGEMENT 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:

MARIA MELENDEZ

Name of Person

STRATEGIES MANAGEMENT LLC

Firm/Company

3470 NW 82ND AVENUE - SUITE 890

Address

MIAMI, FLORIDA 33122

City/State and Zip Code

info@mmglobalstrategies.com

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

For further information concerning this matter, please call:

MARIA MELENDEZ

305

463-9446

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

FILED
2010 OCT -4 AM 11:37
TALLAHASSEE, FLORIDA
CLERK OF CIRCUIT COURT

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

STRATEGIES MANAGEMENT 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 02/20/2014 and assigned
Florida document number L14000029533.

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.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:

MARIA MELENDEZ

New Registered Office Address:

3470 NW 82ND AVENUE - SUITE 890

Enter Florida street address

MIAMI

City

Florida 33122

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	MELENDEZ, NESTOR		<input type="checkbox"/> Add
		3470 NW 82ND AVE STE 890 MIAMI, FLORIDA 33122	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

2018 OCT - 1 AM 10:37
 ALLAHASSEE FLORIDA
 FILED

2016 OCT 1 - 9 AMT 11:30
SCHOOL OF DISTANCE EDUCATION
FACULTY ASSISTANT

2018 OCT -4 AM 11:37
SEATTLE
FALCHASTLE

100

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated SEPTEMBER 20, 2018

Signature of a member or authorized representative of a member

NESTOR MELENDEZ

Typed or printed name of signee