## 114000041511

(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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## **COVER LETTER**

TO: Registration Se Division of Cor			
Strategic Pa	yroll, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Donald C. Kirkendall		
		Name of Person	
	Strategic Payroll, LLC		
		Firm/Company	
	6960 Aloma Avenue		
		Address	<del></del>
	Winter Park, FL 32792		
		City/State and Zip Code	
	insuranceman@affordableo		
	E-mail address: (	to be used for future annual report notif	ication)
For further information co	oncerning this matter, please ca	all:	₩
Donald C. Kirkendall		407 636-2925 at ( )	SECR
Name of	Person		Telephone Numbas SEE, FLO
Enclosed is a check for the	e following amount:		S. S. L.
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	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

Strategic Payroll, LLC			
(Name of the Limited Liability Compa (A Florida Limited I.	ny as it now appears on our records.)	<del></del>	
,	, <b>,,</b>		
The Articles of Organization for this Limited Liability Company	were filed on <u>03/12/14</u>	and assigned	
Florida document number L14000041511			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or the abb	reviation "L.L.C."	
Enter new principal offices address, if applicable:	6958 Aloma Avenue		
(Principal office address MUST BE A STREET ADDRESS)	Winter Park, FL 32792		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
	TA.		
B. If amending the registered agent and/or registered of	fice address on our records, enter t	he manne of the new	
registered agent and/or the new registered office address here	SSS SS	2	
	it c		
Name of New Registered Agent:		T T T	
New Registered Office Address:	ORIO	بي <u> </u>	
	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
MGR	Marie Heather Lamoureux	214 Bennett St.,	<b>=</b> Add
		Winter Springs, FL 32792	□ Remove
			Change
MGR Celes	Celestia L. Dolive-Powell	12 Sara Nicole Ln, #15 10	<b>@</b> Add
		Winter Springs, FL 32792	□ Remove
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fective date, if other than the date of filing:	(optional)	1
n effective date is listed, the date must be specific and cannot be prior of the late inserted in this block does not meet the application.	able statutory filing requirements, this date	
cument's effective date on the Department of State's records.		
record specifies a delayed effective date, but not The 90th day after the record is filed.	t an effective time, at 12:01 a.m.	on the earlier of
August 15, 2015		
ted August 13, 2013	~	
	L	

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Typed or printed name of signee

Filing Fee: \$25.00