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(Re	questor's Name)	
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TO: 'Registration So Division of Cor		
Stratos Ide	deology, LLC	
SUBJECT:	Name of Limited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are submitted for filing.	
Please return all correspo	condence concerning this matter to the following:	
	Kimberly A. Stratos, Founder & CEO	
	Name of Person	
•	Stratos Ideology, LLC	
	Firm/Company	
	410 SW 15th Street, No. 201	
	Address	
	Pompano Beach, FL 33060	
	City/State and Zip Code	
	kstratos@stratosideology.com	
For further information of	E-mail address: (to be used for future annual report notification) concerning this matter, please call:	
Kimberly A. Stratos	954 204-7053	
Name o	at () of Person Area Code Daytime Telephone Number	
Enclosed is a check for t	the following amount:	
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) Certified Copy (additional copy	f Status & Dy

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

Stratos Ideology, LLC		
(Name of the Limit	ed Liability Company as it now appears on our reco (A Florida Limited Liability Company)	rds.)
he Articles of Organization for this Limited Li orida document number	ability Company were filed on January 16, 2	2015 and assigned
nis amendment is submitted to amend the follo	owing:	
. If amending name, enter the new name of	f the limited liability company here:	
ne new name must be distinguishable and contain the w	ords "Limited Liability Company." the designation "L	LC" or the abbreviation "L.L.C."
nter new principal offices address, if applic	able:	
Principal office <u>address MUST BE A STREE</u>	T ADDRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	<u> </u>
		- deres
•		
If amending the registered agent and egistered agent and/or the new registered of	or registered office address on our reco	rds, enter the name of the
egistered agent and/or the new registered of	ince address here.	
Name of New Registered Agent:		
Non-Book and Office Address		
New Registered Office Address:	Enter Florida street add	ress
		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

· Segue

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>	ź	Address		Type of Action
MGR	Kimberly A. Stratos		410 SW 15th Street, No. 201		_ ■ Add
		!	Pompano Beach, FL 33060		_□ Remove
		-			Change
		-			□ Add
•					□ Remove
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	December 20, 2015		
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e: If the date inserted in this bloom	ock does not meet the applicable statutory f	iling requirements, this date will not be I	isted as the
ument's effective date on the Do	epartment of State's records.		
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record specifies a delayed he 90th day after the rec	d effective date, but not an effectiv ord is filed.	e time, at 12:01 a.m. on the ear	mer or:
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Kimberly A. Stratos, F		Z8 Z	ł

Filing Fee: \$25.00