# L15000010179

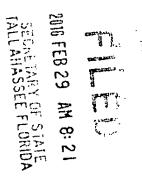
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Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
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# **COVER LETTER**

TO:	Registration Sec Division of Corp			
CHDI	Stratos Ide	ology, LLC		
SUBJI	::	Name of Limit	ed Liability Company	
The en	closed Articles of A	Amendment and fee(s) are subm	nitted for filing.	
Please	return all correspor	ndence concerning this matter to	the following:	
		Kimberly A. Stratos, Foun	der & CEO	
		<del></del>	Name of Person	
		Stratos Ideology, LLC		
		···	Firm/Company	
		410 SW 15th Street, No. 3	201	
			Address	
		Pompano Beach, FL 3306	60	
			City/State and Zip Code	
		kstratos@stratosideology.		<del> </del>
			be used for future annual report notif	ication)
For fu	ther information co	oncerning this matter, please cal	II:	
Kimbe	erly A. Stratos		954 204-7053	
	Name of	f Person	at () Area Code Daytimo	e Telephone Number
Enclos	sed is a check for th	ne following amount:		
<b>\$</b> 2	5.00 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

Allo FEB 29 AM 8:7 Stratos Ideology, 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 January 16, 2015 Florida document number \_\_\_\_\_L15000010179 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) 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: New Registered Office Address: Enter Florida street address

#### 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.

City

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
AMBR	Kimberly A. Stratos	410 SW 15th Street, No. 201	<b>■</b> Add
		Pompano Beach, FL 33060	□ Remove
			Change
AMBR	Ariana M. Garnett	311 Holyoke Street	Add
		Ludlow, MA 01056	■ Remove
			Change
MGR	Kimberly A. Stratos	410 SW 15th Street, No. 201	<b>■</b> Add
		Pompano Beach, FL 33060	□ Remove
			☐ Change
			Add
			Remove
			Change
			AHASSEEFLORIDE Add
			☐ Remove
			□ Change

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	Eehri	uary 16, 2016		
ffective date, if other than the an effective date is listed, the date mus	date of filing:		more than 90 days after file	11) ing ) Pursuant to 605.020
Note: If the date inserted in this blo	ock does not meet the	applicable statutory fi		
locument's effective date on the Do	epartment of State's re	cords.		
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Pated February 16	2016			
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Typed or printed name of signee