L15000074779

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	me)
(Dc	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		5/2(121 TM

Office Use Only



300362888573

83/30/21--01011--017 ++25.00

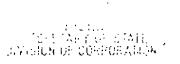
21 MAR 30 PM STATE

COVER LETTER

TO: Registration Se Division of Con		·	
CONTINE SUBJECT:	NTAL STRATEGIC MANAG	EMENT LLC	
SUBJECT,	Name of Lin	nited Liability Company	:
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing,	
Please return all correspo	ondence concerning this matter	to the following:	
	EVINS CHERFILS		
		Name of Person	
	CONTINENTAL STRAT	EGIC MANAGEMENT LLC	
		Firm/Company	
	20341 NE 14 AVE		
		Address	•
	MIAMI, FL 33179		
		City/State and Zip Code	
	EVINS36@GMAIL.COM		
	E-mail address: (to be used for future annual report noti	fication)
For further information c	oncerning this matter, please c	all:	
EVINS CHERFILS		786 2856823	
Name o	f Person		e Telephone Number
Enclosed is a check for the	ne 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		Street Address:	otion
Registration S Division of C		Registration Se Division of Cor	
P.O. Box 632		The Centre of T	•
Tallahassee, l	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



CONTINENTAL STRATEGIC MANAGEMENT LLC

21 MAR 30 PM |2: 14

(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 04/28/2015 and assigned			
Florida document number L15000074779				
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 contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:	20341 NE 14 AVE			
(Principal office address MUST BE A STREET ADDRESS)	MIAM. FL 33179			
				
Enter new mailing address, if applicable:	20341 NE 14 AVE			
(Mailing address MAY BE A POST OFFICE BOX)	MIAMI, FL 33179			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered			
Name of New Registered Agent:				
New Registered Office Address:	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 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

	· · · · · · · · · · · · · · · · · · ·
	TARY OF STATE
- ear 1090	OF CORPORALISH*

21 MAR 30 PM 12: 14

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	RODNEY CHERFILS	1000 NW 155TH LN APT 426	
		MIAMI, FL 33169	□Remove
			Change
			□ Remove
			□Change
		·	Remove
			□Change
		_	□Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change
		_	□Add
			□Remove
			□Change

	r information, en	•••• •••••• .		2	I MAR 30	PH12: 15
<u> </u>						
			<u> </u>			
						
		_		<u> </u>	-	
					<u>-</u>	
	-					
				. <u> </u>	<u>_</u>	
		_	<u> </u>	<u></u>		
			 -			
						
		 .				
				_		
			<u>-</u>			
_						
ctive date, if other	er than the date of the date must be spec	f filing: ific and cannot be	prior to date of filir	ng or more than 90	(optiona days after filir	l) ig.) Pursuant to 605.0
E If the date insert	ed in this block doe	s not meet the a	pplicable statutor	y filing requirem	ents, this da	te will not be listed
iment's effective of	ate on the Departme	m of State's rec	ords.			
and manificant date	iyed effective date, h	out not an officit	iva tima at 12:01	a m. on the earl	ier of: (b)	The 90th day after
filed.	iyed effective date, i	on not an encet	11 C (1111C, at 1 = 107)	a.m. on the curr	(O)	The Four day torres
ed	. 		<u></u> ,			
	Q	N				
	Signani	Attended	<u> </u>	ntative of a member	·-	
		M. Land and the second second				