

6/12/2020

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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## To:

Division of Corporations  
Fax Number : (850)617-6383

## From:

Account Name : VCORP SERVICES, LLC  
Account Number : I20080000067  
Phone : (845)425-0077  
Fax Number : (845)818-3588

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
STRATUSCUBE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help, JJ KEE

JUN 15 2020

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

StartusCube, 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 06/02/2015 and assigned  
Florida document number L15000095358.

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:

Arias Capital Partners, Inc.

New Registered Office Address:

78 SW 7TH STREET, Suite 500

*Enter Florida street address*

MIAMI

*City*

, Florida 33130

*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.*

Anthony Arias  
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>
AMBR	William Miller	18 1/2 LADOGA PARK RD	<input type="checkbox"/> Add
		LANSING, NY 14882	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Mark Provenzano	966 Gardenia Dr.	<input type="checkbox"/> Add
		Delray Beach, FL 33483	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Anthony Arias	78 SW 7TH STREET, Suite 500	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33130	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	William Testerman	1004 CLEARPOINTE WAY	<input checked="" type="checkbox"/> Add
		LAKELAND, FL 33813	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	George Steelman	78 SW 7TH STREET, Suite 500	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33130	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Alex Fronteddu	304 East Pine Street # 169	<input type="checkbox"/> Add
		Lakeland, FL 33810	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change

**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

[illegible]

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (h) The 90th day after the record is filed.

Dated June 11, 2020

*Anthony Arias*  
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Anthony Arias

Typed or printed name of signee

**Filing Fee: \$25.00**