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COVER LETTER

Divi	sion of Corp	orations		
SUBJECT:	Cleet the Geo	ck & Company, LLC.	4 .	
		Name of Lim	ited Liability Company	
The enclosed	Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return	all correspon	dence concerning this matter	to the following:	
		Clecton Gumbs		
			Name of Person	
		Cleet the Geek & Company	y, LLC.	
			Firm/Company	
		420 Red Rose Ln		
			Address	
		Sanford, FL 32771		
			City/State and Zip Code	
		contactus@thestrategygeeks		
			o be used for future annual report n	otification)
For further in:	formation cor	ncerning this matter, please ca	ıll:	
Cleeton Gum	bs		407 221-5272 at ()	
	Name of I	Person		ime Telephone Number
Enclosed is a	check for the	following amount:		
□ \$25.00 Fi	ling 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:

TO:

Registration Section

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Cleet the Geek & Company, LLC. 2020 Jim 18 PM 4:59 (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 May 10, 2016 and assigned L16000091459 Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The Strategy Geeks, LLC. The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.C." or the abbreviation "L.L.C." Enter new principal offices address, if applicable: 5840 Red Bug Lake Road #1551 Winter Springs, FL 32708 (Principal office address MUST BE A STREET ADDRESS) 5840 Red Bug Lake Road #1551 Winter Springs, FL 32771 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: 5840 Red Bug Lake Road #1551 New Registered Office Address: Enter Florida street address , Florida 32708
Zip Code Winter Springs City

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
			
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			□Change
			□Remove
			□ Change
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fective date, if o	her than the date of filing:		(optional)	
in effective date is his	ed, the date must be specific and canno erted in this block does not meet the	ot be prior to date of filing or	more than 90 days after filing 11	ursuant to 605.02
cument's effective	date on the Department of State's	records.	ang requirements, this date w	in not be usted
record specific	s a delayed effective date,	but not an effective	e time, at 12:01 a.m. o	n the earlier
The 90th day a	fter the record is filed.			
June 13	201	20		
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	TTI	/		
	Signature of a member	er or authorized representati	us of a mambas	

Page 3 of 3