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(Req	uestor's Name)	
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Special Instructions to Fi	ling Officer:	

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 MAY - 7 AM 6: 94

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: STRAWBENRY (ASER CIPO OF BREVAR) Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Brenda Sayche ~
Strawberry laser lipo of brevard
1530 monte Carlo ct
Merritt Island FC 32952 City/State and Zip Code Brenda D 321 Fat 1055. (On E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Brendg Sancher at (321) 424-0207 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\square\$ \$30.00 Filing Fee & \$\square\$ \$55.00 Filing Fee & \$\square\$ \$60.00 Filing Fee,

Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Certificate of Status

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

STREET/COURIER ADDRESS:

Certificate of Status & Certified Copy (additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Strawberry 1950 (Name of the Limited Liability Com (A Florida Limited	ony as it now appears on our records.)	
The Articles of Organization for this Limited Liability Compar	by were filed on $9-7-16$ and assign	ed
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Lia Enter new principal offices address, if applicable:	bility Company," the designation "LLC" or the abbreviation "L.L.C	,,,
(Principal office address MUST BE A STREET ADDRESS)		9
Frincipal office address MOST BE A STREET ADDRESS		-SEC
Enter new mailing address, if applicable:	-7	RETARY DN OF CO
(Mailing address MAY BE A POST OFFICE BOX)	3	중국
Musing underst MAT BEAT OST OFFICE BOX;		AZ
		- 5
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he		
Name of New Registered Agent:		
New Registered Office Address:		
•	Enter Florida street address	
<u></u>	, 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



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>	Name	Address	Type of Action
<u>AMBR</u>	Brenda Sanchez	1550 monte Cado ct Morritt	Add
			□ Remove
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tive date, if other than the date fective date is listed, the date must be s	pecific and cannot b	e prior to date of filing	or more than 90	(option) days after fil	ing.) Pursuant to 605.0
If the date inserted in this block on the Department's effective date on the Depart	ment of State's re	cords.	ning requires	nents, this d	ate will not be listed
cord specifies a delayed eff	ective date, b	ut not an effectiv	e time. at	12:01 a.r	n. on the earlier
90th day after the record	is filed.	_			
MAY 4	. ~	2018			
	1. D	~ · · · · · ·			
· 5101					
- Dreing Sign	ature of a member of	or authorized representa	itive of a mem	per	

Page 3 of 3

Filing Fee: \$25.00