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(Re	questor's Name)	
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COVER LETTER

TO:	Registration Se Division of Cor				
SUBJE	~ /~·····	Company LLC			
SUBJE		Name of Lim	ited Liability Company		
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please	return all correspo	ndence concerning this matter	to the following:		
		Carl M Connolly			
			Name of Person		
		Connolly & Company LLC			
			Firm/Company		
	10029 Craftsman Pkwy				
			Address		
		Palmetto, Florida 34221-1	116		
			City/State and Zip Code		
		carlconnolly@gmail.com	to be used for future annual report notil	·	
For furt	ther information co	oncerning this matter, please ca	·	ication)	
Carl Co	onnolly		609 504-7566		
Name of Person at () Area Code Daytime Telephone Numbe				: Telephone Number	
Enclose	ed is a check for th	e following amount:			
S \$25	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

Connolly & Company LLC		
(Name of the Limited Liability Com (A Florida Limited	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Compar Florida document number <u>L17000023801</u> .	y were filed on January 30, 2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
Strategic eCom Solutions LLC		
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC" or the a	ibbreviation "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 registered agent and/or the new registered office address he		the name of the new
Name of New Registered Agent:		- 05 C
New Registered Office Address:	Enter Florida street address	
	. Florida	: 2: EBE 2:
<u></u>	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. Thereby 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
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				□ Remove
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				Change
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D. If amending any othe	r information, enter c	hange(s) here:	(Attach additional	sheets, if necessa	rv.)
					
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	r than the date of filin the date must be specific an ed in this block does not to te on the Department of 3	d cannot be prior to meet the applicab	date of filing or more to the statutory filing red	(optiona han 90 days after filin quirements, this dat	ig.) Pursuant to 605,0207 (3)
If the record specifies (b) The 90th day afte			an effective time	e, at 12:01 a.m	. on the earlier of:
Dated July 3		2018			
		\checkmark			
	Signature of a	number or authori	zed representative of a	member	<u> </u>
Carl M Conr	iolly	•			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00