

L17000116725

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

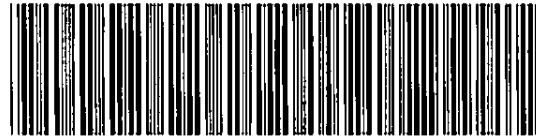
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 06 2017

J SHIVERS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Florida State Rebate, LLC

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:

Mark Sanders

Name of Person

Florida State Rebate, LLC

Firm/Company

10730 Cory Lake Dr.

Address

Tampa, Florida 33647

City/State and Zip Code

gifundsru@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mark Sanders

Name of Person

786 667-0577
at ()
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

Florida State Rebate, 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 05/26/2017 and assigned
Florida document number L17000116725.

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)

10006 Cross Creek Blvd.

Suite #421

Tampa, Florida 33647

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

10006 Cross Creek Blvd.

Suite #421

Tampa, Florida 33647

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:

New Registered Office Address:

Enter Florida street address

City

Florida

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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>	<u>Address</u>	<u>Type of Action</u>
MGR	Global Investment Funds		<input type="checkbox"/> Add
		200 Sunny Isles Blvd.	<input checked="" type="checkbox"/> Remove
		Sunny Isles Beach, Florida 33160	<input type="checkbox"/> Change
MGR	Global Investment Funds, LLC		<input type="checkbox"/> Add
		10730 Cory Lake Dr.	<input checked="" type="checkbox"/> Remove
		Tampa, Florida 33647 UN	<input type="checkbox"/> Change
MGR	Mark Sanders	10730 Cory Lake Dr.	<input checked="" type="checkbox"/> Add
		Tampa, Florida 33647	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Florida State Rebate, LLC is the owner of a fictitious name filed called Strong Portfolio Holdings, LLC. Please

correct the Owner Information to reflect the same and accurate information on the newly corrected/amended

Corporate Documents. Correct Owner Address: 10006 Cross Creek Blvd. Suite #421 Tampa, Florida 33647

Correct FEI/EIN Number: 82-2026059

Correct Document Number: L17000116725

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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:

(b) The 90th day after the record is filed.

Dated August 31st, 2017

Mark Sanders
Signature of a member or authorized representative of a member

Mark Sanders

Typed or printed name of signer