## 000170943

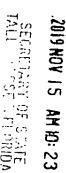
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Certified Copies	Certificates	s of Status
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## **COVER LETTER**

	istration Sectision of Corp			
SUBJECT:		TRATEGY INVESTMENT		
SOBJECT.			ited Liability Company	
		mendment and fee(s) are sub-	<u>-</u>	
	, , , , , , , , , , , , , , , , , , , ,	CHARNEL GEFFRARD	······································	
			Name of Person	
		5085 SATURN RING CT	Firm/Company	
			Address	
		GREENACRES, FL 33460	City/State and Zip Code	<del></del>
		MGEFFRARD9@GMAIL.  E-mail address: (9	COM to be used for future annual report not	fication)
For further in	nformation cor	ncerning this matter, please co	all:	
CHARNEL	GEFFRARD		561 577-1299 O at ()	R 561-891-2491
	Name of I	erson	Area Code Daytim	e Telephone Number
Enclosed is a	check for the	following amount:		
□ \$25.00 F	iling Fee	S30.00 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

NEW LIFE STRATEGY INVESTMENT, 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 August 10, 2017 and assigned Florida document number \_L17000170943 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: NEW STRATEGY ENTERPRISES, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 5085 SATURN RING CT Enter new principal offices address, if applicable: GREENACRES, FL 33463 (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 registered agent and/or the new registered office address here: MEMON LAW FIRM, PA Name of New Registered Agent: 8461 Lake Worth Road, Ste 126 New Registered Office Address: Enter Florida street address

## 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.

Citv

Lake Worth

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:

<u>Title</u>	Name	Address	Type of Action
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Effective date, if other than the If an effective date is listed, the date mus Note: If the date inserted in this blo document's effective date on the De	ock does not meet the a	pplicable statutory fil	(optional) more than 90 days after tiling.) I ing requirements, this date w	Pursuant to 605.0207 (3)(bill not be listed as the
he record specifies a delayed The 90th day after the reco		t not an effective	e time, at 12:01 a.m. or	n the earlier of:
Dated November 06	2019	a·		
Chornes	CAll Ove			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00