117000174160

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S. WARREN AUG 2 1 2017

COVER LETTER

	Registration Se Division of Cor			
CHD IT		GIC INVESTMENTS & VAL	UES LLC	
SUBJEC	,1:	Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	indence concerning this matter	to the following:	
		SANTIAGO ARIAS		
			Name of Person	
		STRACTEGIC INVESTM	IENTS \$ VALUES LLC	
			Firm/Company	
		15800 PINES BLVD SUIT	ΓΕ 328	
			Address	
		PEMBROKE PINES, FL.	33027	
			City/State and Zip Code	·
		oscar.castrillon@taxcareinc		
For furth	er information co	oncerning this matter, please ca	to be used for future annual report notifi all:	cation)
Oscar C	astrillon		954 665 5315 at ()	
	Name of	f Person	Area Code Daytime	Telephone Number
Enclosed	I is a check for th	ne following amount:		
■ \$25.9	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

STRACTEGIC INVESTMENTS & VALUES 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 Florida document number L17000174160	were filed on 08/15/2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility 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)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her Name of New Registered Agent:	ffice address on our records <u>re</u> :	, enter the name of the new
New Registered Office Address:		
	Enter Florida street address	
	, Flo	orida Zip Code
Name Danistannal America Simonana (Cabana) Danis America		Zip Code
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	ee to act in this capacity. I fur performance of my duties, an provided for in Chapter 605, I	id I am fami <u>lia</u> r with and F.S. O r, if thi s document is

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records:</u>

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	JOAO HERRERA	15800 PINES BLVD	■ Add
		SUITE 328	□ Remove
		PEMBROKE PINES, FL. 33027	Change
			□ Add
			Remove
			Change
	·		
		***	☐ Remove
			Change
			□ Remove
			Change
			Remove 17 12 13 14 15 16 17 18 18 18 18 18 18 18 18 18 18 18 18 18
			Change

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		_(optional)
Ifective date, if other than the date of an effective date is listed, the date must be speciote: If the date inserted in this block doe ocument's effective date on the Departme	effic and cannot be prior to date of filing or more than 90 days not meet the applicable statutory filing requirement of State's records.	ays after filing.) Pursuant to 605.020 nts, this date will not be listed a
an effective date is listed, the date must be spectote: If the date inserted in this block does ocument's effective date on the Department record specifies a delayed effective date on the specifies and elayed effective date of the specifies and elayed elayed effective date of the specifies and elayed ela	s not meet the applicable statutory filing requirement of State's records. tive date, but not an effective time, at 13	nts, this date will not be listed a
an effective date is listed, the date must be speciote: If the date inserted in this block does becoment's effective date on the Departme e record specifies a delayed effective date the record is	s not meet the applicable statutory filing requirement of State's records. tive date, but not an effective time, at 13	nts, this date will not be listed a
an effective date is listed, the date must be speciote: If the date inserted in this block does ocument's effective date on the Department record specifies a delayed effective date of the 90th day after the record is aled August 18	s not meet the applicable statutory filing requirement of State's records. tive date, but not an effective time, at 15 filed.	nts, this date will not be listed a 2:01 a.m. on the earlier of
an effective date is listed, the date must be speciote: If the date inserted in this block doe ocument's effective date on the Departme erecord specifies a delayed effective 90th day after the record is	s not meet the applicable statutory filing requirement of State's records. tive date, but not an effective time, at 1: filed.	nts, this date will not be listed at 2:01 a.m. on the earlier of
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an effective date is listed, the date must be speciote: If the date inserted in this block doe ocument's effective date on the Departme errecord specifies a delayed effective 90th day after the record is ated. August 18 Signature	s not meet the applicable statutory filing requirement of State's records. tive date, but not an effective time, at 15 filed.	nts, this date will not be listed a 2:01 a.m. on the earlier of

Filing Fee: \$25.00