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(Re	equestor's Name)	
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(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	MAIL	
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COVER LETTER

Division of Co					
JULO S	TRATEGY LLC				
SUBJECT:	Name of Lim	ited Liability Company			
	f Amendment and fee(s) are sub				
Please return all corresp	ondence concerning this matter	to the following:			
	Tina M Fischer				
		Name of Person		-	
	Fletcher & Fischer, PL				
		Firm/Company		-	
	433 Central Avenue, Suite	400			
		Address		-	
	St Petersburg, FL 33701			2 2	
		City/State and Zip Code		- Aee	
	tfischer@fletcherfischer.com			2019 HAR SECRET FALL ATT	2
	E-mail address: (to be used for future annual report notific	ation)	SS 🗜	E≥:
For further information	concerning this matter, please ca	all:			E 60 5
Tina M Fischer		813 898-2828		E 917	50
Name	of Person	at (Telephone Number	^_	
Enclosed is a check for	the following amount:				
■ \$25.00 Filing Fee	□ \$30.00 Filing Fec & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ite of Status &	

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

JULO STRATEGY LLC							
(Name of the Limi	ted Liability Compa (A Florida Limited)	any as it now appears on our Liability Company)	records.)				
The Articles of Organization for this Limited L Florida document number	iability Company	were filed on01/10/20	18	_ and assigned			
This amendment is submitted to amend the following	lowing:						
A. If amending name, enter the new name o	of the limited liab	oility company here:					
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation	on "LLC" or the abbre	eviation "L.L.C."			
Enter new principal offices address, if appli	433 Central Avenue						
Enter new principal offices address, it applicable: (Principal office address MUST BE A STREET ADDRESS)		Suite 300					
		St Petersburg, FL 33701		201			
Enter new mailing address, if applicable:		433 Central Avenue		9 MAR			
(Mailing address MAY BE A POST OFFICE	BOX)	Suite 300					
		St Petersburg, FL 33701	l <u> </u>				
B. If amending the registered agent and registered agent and/or the new registered or			ecords, <u>enter th</u>	e name of the no			
Name of New Registered Agent:	Fetcher & Fischer PL						
New Registered Office Address:	433 Central Av	enue, Suite 400					
	Enter Florida street address						
	St Petersburg , Florida 33			3701			
		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> <u>Name</u>		Address	Type of Action		
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	Spring Hill, FL34610	CI Add			
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Filing Fee: \$25.00