

L18000040590

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY

APR 26 2018

## COVER LETTER

**TO: Registration Section \***  
**Division of Corporations**

**SUBJECT:** StrazBuilt 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:

Nicholas Straczuk

\_\_\_\_\_  
Name of Person

StrazBuilt LLC

\_\_\_\_\_  
Firm/Company

4680 Peacock Drive Unit B

\_\_\_\_\_  
Address

Pensacola Florida 32504

\_\_\_\_\_  
City/State and Zip Code

StrazBuilt@gmail.com

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

For further information concerning this matter, please call:

Nicholas Straczuk

315 882-0894  
at ( )

\_\_\_\_\_  
Name of Person

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 &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

StrazBuilt LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

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**FALL AIDISSEE, FLORIDA**

The Articles of Organization for this Limited Liability Company were filed on 02/14/2018 and assigned  
Florida document number L18000040590.

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)**

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

4680 Peacock Drive Unit B

Pensacola Florida 32504

**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*

\_\_\_\_\_, **Florida**  
*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>      | <u>Address</u>   | <u>Type of Action</u>                      |
|--------------|------------------|------------------|--------------------------------------------|
| AMBR         | Matthew Vance Sr | 6661 WARREN ROAD | <input type="checkbox"/> Add               |
|              |                  | MILTON, FL 32583 | <input checked="" 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            |
|              |                  |                  | <input type="checkbox"/> Add               |
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|              |                  |                  | <input type="checkbox"/> Remove            |
|              |                  |                  | <input type="checkbox"/> Change            |

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

Nicholas Straczuk to be sole member of StrazBuilt LLC

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TALLAHASSEE, FLORIDA

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

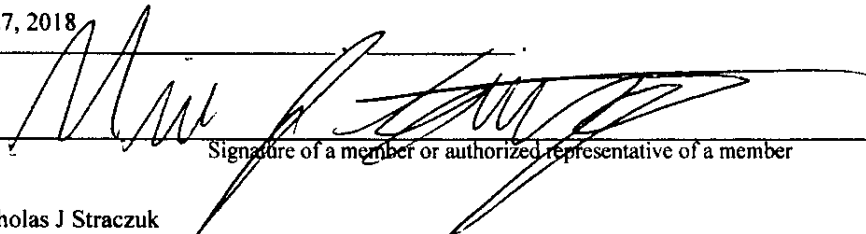
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**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 March 27, 2018

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Nicholas J Straczuk

\_\_\_\_\_  
Typed or printed name of signee



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 3, 2018

STRAZBUILT LLC  
NICHOLAS STRACZUK  
4680 PEACOCK DR, UNIT B  
PENSACOLA, FL 32504

SUBJECT: STRAZBUILT LLC  
Ref. Number: L18000040590

We have received your document for STRAZBUILT LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly  
Regulatory Specialist II

Letter Number: 518A00006642

RECEIVED  
2018 APR 23 PM 2:28  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA