

118000159682

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

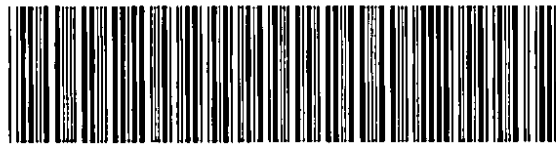
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600318194066

09/10/18--01016--001 **25.00

FILED
18 SEP 10 AM 8:32
CLERK OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Stratum GPS Management 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:

Paul Mata

Name of Person

Firm/Company
1675 Shoreland Dr

Address

Sarasota FL 34239

City/State and Zip Code
pfmata@icloud.com

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

For further information concerning this matter, please call:

Paul Mata 832 889-4921
Name of Person at () Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$25.00 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

FILED
18 SEP 10 AM 8:32
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Stratum GPS Management 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 6/29/18 and assigned
Florida document number L18000159682.

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)

1675 Shoreland Dr
Sarasota FL 34239

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1680 Michigan Ave
Ste 700
Miami Beach FL 33139

FILED
18 SEP 10 AM 8:52
CLERK OF CIRCUIT COURT
MIAMI BEACH, FLORIDA

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:

Stratum Partners LLC

New Registered Office Address:

1680 Michigan Ave Ste 700

Enter Florida street address

Miami Beach

City

Florida 33139

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>
MGR	S Stratum Partners LLC	1680 Michigan Ave	<input checked="" type="checkbox"/> Add
		Ste 700	<input type="checkbox"/> Remove
		Miami Beach FL 33139	<input type="checkbox"/> Change
MGR	Rodney Henson	5341 NW 79th Ave	<input checked="" type="checkbox"/> Add
		Doral FL 33166	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	Metropolitan Funding LLC	1850 S Ocean Dr	<input checked="" type="checkbox"/> Add
		Hallandale Beach FL 33319	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

18 SEP 10 AM 8:52
DEPT OF STATE
TALLAHASSEE, FLORIDA

18 SEP 10 AM
DEPT. OF
CLASHSEE. F

18 SEP 10 AM 8:52
Tallahassee, Florida

(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)

Filing Fee: \$25.00