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COVER LETTER

TO:	Rėg Divi	istration Sec sion of Corp	ction porations			
SUBJEC	Т:	STRATEGIO	C POSITIONS, LLC			
	,		Name of Li	mited Liability Company		
The enclo	sed	Articles of A	mendment and fee(s) are su	bmitted for filing.		
			dence concerning this matte			
			DAVID PRECIADO			
			STRATEGIC POSITION	Name of Person S, LLC		
			800 NORTH MIAMI AV	Firm/Company E., E-306		
			MIAMI, FL 33136	Address		 -
				City/State and Zip Code		
		-	davidore@hotmail.com E-mail address: (to be used for future annual	report notification	on)
For further	info	rmation conc	cerning this matter, please ca			•
DAVID PR	REC			305 778	-1278	
		Name of Pe	erson	Area Code	Daytime Tele	phone Number
Enclosed is	a ch	eck for the f	ollowing amount:			
■ \$25.00			□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enck		□ \$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

STRATEGIC POSITIONS, 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 11/1/2018 _____ and assigned Florida document number L18000259464 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N/A 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: N/A (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: N/A (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 of the new registered agent and/or the new registered office address here: Name of New Registered Agent: DAVID PRECIADO 800 NORTH MIAMI AVE., E-306 New Registered Office Address: Enter Florida street address _, Florida 33136
Zip Code MIAME

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.

Cit:

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 A esta-
N/A	N/A	N/A	Type of Action
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			Remove
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ARTICLE VI	
STRATEGIC POSITIONS, LLC IS A ONE MEMBER L	IMITED LIABILITY COMPANY FORMED
FOR ANY AND ALL LEGAL PURPOSES, INCLUDIN	
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ective date, if other than the date of filing: I effective date is listed, the date must be specific and cannot be prior to the: If the date inserted in this block does not meet the applical nument's effective date on the Department of State's records. The date inserted in this block does not meet the application of the date inserted in this block does not meet the application of the date, but not he 90th day after the record is filed.	one statutory thing requirements, this date will not be liste
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