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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Strategic Properties I 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:
Kvis Look Name of Person
Firm/Company
1460 S. Ocean Blvd #402
Portpano Beach, FL 33062 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (954), 258-9876 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{ \$\subseteq \text{S55.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} \text{ \$\subseteq \text{S60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \text{ \$\text{Certified Copy (additional copy is enclosed)}}

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Stratear (Name of the Limit	Properties I L ed Liability Company as it now appears on our (A Florida Limited Liability Company)	records.)
The Articles of Organization for this Limited Li		2019 and assigned
This amendment is submitted to amend the follo	owing:	
A. If amending name, enter the new name of FL CO GYOUD. The new name must be distinguishable and contain the week. Enter new principal offices address, if applies	ords "Limited Liability Company," the designation able:	
(Principal office address MUST BE A STREE	T ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) B. If amending the registered agent and/or re		
agent and/or the new registered office addres		enter the name of the new registeree
Name of New Registered Agent:	no change	
New Registered Office Address:	Enter Florida street	address
	Сиу	, Florida Zip Code
New Registered Agent's Signature, if changing B	legistered Agent:	202
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as registed being filed to merely reflect a change in the recompany has been notified in writing of this decompany has been notified in writing d	er and complete performance of my duta stered agent as provided for in Chapter registered office address, I hereby confi	v. I further agree to comply with the ies, and I am familian with and 605, F.S. Or, if this document is
	If Changing Registered Agent, Sign	ature 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 = Ma AMBR = Au	nager thorized Member	no changes	
<u>Title</u>	Name	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
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an effective date is list <u>ote:</u> If the date inso	her than the date of ed, the date must be speci crted in this block does date on the Departmen	itic and cannot be prices not meet the appli	icable statutory filii	nore than 90 days aft	t ional) er filing.) Pursuant to 60 nis date will not be li	05.0207 (sted as t
record specifies a de is filed.	elayed effective date, b	ut not an effective	time, at 12:01 a.m.	on the earlier of: ((b) The 90th day af	ter the
nted Janua	xy 26	<u> </u>	<u>2-1</u>			
	Signato	p of a member or aut	horized representativ	e of a member		
7	- aceala	Cool	,			

Filing Fee: \$25.00