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ALBRITTON

COVER LETTER

TAU Space	e Shots LLC		
SUBJECT:	Name of Limit	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspo	ondence concerning this matter t	to the following:	
	Lexic Rivers		
		Name of Person	
	Prime Corporate Services		
		Firm/Company	
	12226 S 1000 E Ste #3		
		Address	
	Draper, UT 84020		
		City/State and Zip Code	
	lexie@primecorporateservic	es.com o be used for future annual report notific	cation)
For further information (concerning this matter, please ca		
Lexie Rivers		855 577-4639	
Name (of Person	at ()	Telephone Number
Enclosed is a check for t	he 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TAU Space Shots LLC		
(<u>Name of the Limited Liat</u> (A Flor	pility Company as it now appears on our records.) ida Limited Liability Company)	
The Articles of Organization for this Limited Liability		and assigned
Florida document number L19000231547		
This amendment is submitted to amend the following:	;	
A. If amending name, enter the new name of the li	mited liability company here:	
Strategic Trading Partners LLC		
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	
		· <u> </u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
The state of the s		
		21
B. If amending the registered agent and/or registered agent and/or the new registered office and	gistered office address on our records, <u>en</u> ddress here:	ter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	l
	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 = N $AMBR = A$	lanager Authorized Member		
<u>Title</u>	Name	Address	Type of Action
			□ Add
			Remove
			Change
			□ Add
			□ Remove
		 	☐ Change
			Add
			Remove
			☐ Change
		<u> </u>	☐ Add
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Effective date, if other than the fan effective date is listed, the date mu Note: If the date inserted in this blocument's effective date on the D	lock does not meet th	ie applicable stat	filing or more than 90 utory filing requirer	(optional) days after filing.) Pursenents, this date will	uant to 605.0207 not be listed as
e record specifies a delaye The 90th day after the rec	d effective date, ord is filed.	but not an ef	fective time, at	12:01 a.m. on t	he earlier o
September 25	20	19 			
Nated September 25 Malini P. Wh	•				
Malie it Tilk	ria				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00