(((H19000341541 3)))



H190003415413ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

۲۰۰ ۲۰۰

Account Number : I20090000081

Account Name : REGISTERED AGENTS INC.

Phone : (307)200-2803

Fax Number

: (855)330-1010

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Fm⇒il	Address:			

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN STRATHPEFFER INVESTMENTS LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00



## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Űs

STRATHPEFFER INVESTMENTS LLC	
(Name of the Limited Liability Company as it now app (A Florida Limited Liability Compan)	<u>ears on our records.</u> ) y)
The Articles of Organization for this Limited Liability Company were filed on	10/10/2019 and assigned
Florida document number L19000255974	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company	<u>here</u> :
The new name must be distinguishable and contain the words "Limited Liability Company," the	e 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)	
	( = 0
	4.
B. If amending the registered agent and/or registered office address registered agent and/or the new registered office address here:	on our records, enter the name of the nev
registered agent and/or the new registered white address neve.	J
	i, .
Name of New Registered Agent:	,
New Registered Office Address:	
	Florida street address
	Dlowido

## 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.

Cuy

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
DIR	JOAO JUNG	701 BRICKELL KEY BLVD. # 304	
		MIAMI, FL 33131	☑ Remove
			🗆 Change
			🗆 Add
			🗆 Remove
			Change
			🗆 Add
			□ Remove
			Change
			🗆 Add
			Remove
			□ Add
			□ Remove
			Change
			□ Add
			_□ Remove
			_□ Change

		<u>.</u>		
				_ <del></del>
****	-5			
		. =		
	<del> </del>	<u> </u>		
	<del>-</del>			
		·		
				<del></del>
	· · ·			
			· ·	
ffective date, if other than the date of an effective date is listed, the date must be spec- tote: If the date inserted in this block does ocument's effective date on the Department	s not meet the applica	o date of filing or more that ble statutory filing requ	( <b>optional</b> ) n 90 days after filing.) Pursuant t trements, this date will not be	o 605.0207 e listed as
e record specifies a delayed effect The 90th day after the record is t		an effective time,	at 12:01 a.m. on the e	arlier o
November 21	2019_			
	$\infty$	rized representative of a m		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00