## 119000279378

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## **COVER LETTER**

## O: Registration Section Division of Corporations

	JEY'S STRONG LLC .	
UBJECT:	Name of Lim	ited Liability Company
he enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.
lease return all corres	pondence concerning this matter	to the following:
	GINA SILVESTRI	
		Name of Person
		Firm/Company
	2607 S. PARKVIEW DR	Address
	HALLANDALE, FL 3300	9
		City/State and Zip Code
or further information	E-mail address: ( concerning this matter, please of	to be used for future annual report notification)
iina silvestri		954 558-0415 at ( )
Name	of Person	Area Code Daytime Telephone Number
nclosed is a check for	the following amount:	
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy Certificate of Status &  (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Addr Registration Division of P.O. Box 63 Tallahassee	Section Corporations 327	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

ATTORNEY'S STRONG LLC

(Name of the Limit	ed Liabilit (A Florida	y Company as it now appears o 'Limited Liability Company)	n our records.)
he Articles of Organization for this Limited L lorida document number L19000279378	iability Co	ompany were filed on 11/08	/2019 and assigned
his amendment is submitted to amend the following	owing:		
If amending name, enter the new name o	<u>f the limi</u>	ted liability company here	;
ATTORNEY STRONG MARKETING LLC			
he new name must be distinguishable and contain the w	ords "Limi	ited Liability Company," the desi	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:	N/A	
Principal office address MUST BE A STREE	T ADDR	<u>'ESS)</u>	
Enter new mailing address, if applicable:  "Mailing address MAY BE A POST OFFICE  B. If amending the registered agent and/or regent and/or the new registered office address  Name of New Registered Agent:  New Registered Office Address:	egistered		
-		Enter Florida	street address
		City	, Florida Zip Code
New Registered Agent's Signature, if changing I hereby accept the appointment as registered provisions of all statutes relative to the propsiccept the obligations of my position as reginering filed to merely reflect a change in the ecompany has been notified in writing of this	ed agent of er and co stered ag registere	and agree to act in this cap complete performance of m gent as provided for in Cha	y duties, and I am familiar with and apter 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added r removed from our records:

1GR = Manager .MBR = Authorized Member

<u>'itle</u>	<u>Name</u>	<u>Address</u>	Type of Action
		N/A	
			□Remove
			□ Change
			□Add
			□Remove
			□Change
	···		□Add
			□Remove
			Change
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ctive date, if other effective date is listed, the case inserted inserted inserted inserted in the case of the cas	the date must be speci d in this block does	ific and cannot less not meet the	applicable stat	filing or more than utory filing requir	optiona (optiona 90 days after fili ements, this days	ng.) Pursuant to 6	05.02 <b>07</b> sted as
ord specifies a delay filed.	ed effective date, b	ut not an effe	ctive time, at 12	2:01 a.m. on the e	arlier of: (b)	The 90th day af	ter the
ed DECEMBER 13	<del>/}</del>	2019	<u> </u>				
ain		Ille-	<del>.</del> Q-				
		<u> 1</u>	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~				
7	Signatur	e of a member	or authorized rep	resentative of a mer	nber		