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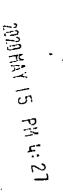
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## **COVER LETTER**

Registration Section Division of Corporations

TO:

	ns Strategic Services, LLC		
SUBJECT:	Name of Limi	ited Liability Company	<del></del>
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Spiro T Komninos, Esq		
		Name of Person	
	Komninos Law Firm, PA		
		Firm/Company	<del> </del>
	4124 West Linebaugh Ave		
		Address	•
	Tampa Florida 33624		
		City/State and Zip Code	<del></del>
	spirolaw@hotmail.com		
	E-mail address: (	to be used for future annual report noti	fication)
For further information co	oncerning this matter, please co	all:	
Spiro T. Komninos. Esq		813 251- 3444 at ()	
Name o	Person	Area Code Daytim	e Telephone Number
Enclosed is a check for th	ie 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 Addres Registration S Division of C P.O. Box 632 Tallahassee. I	Section orporations 7	Street Address: Registration Se Division of Cor The Centre of T	rporations

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NEW HORIZONS STRATEGIC SERVICES 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 March 13, 2020 and assigned Florida document number 12 200000 8 1622 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" 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) 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: New Registered Office Address: Enter Florida street address City

## 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 = Manager AMBR = Authorized Member

<u> </u>	Name	<u>Address</u>	Type of Action
MGR	MICHAEL L WALLACE	760 Sand Pine Dr NE	≣Add
			□Remove
		St. Petersburg, FL 33703	Change
MGR	KIMBERLY H WALLACE	760 Sand Pine Dr NE	<b>5.11</b>
			□Remove
		St. Petersburg, FL 33703	
MGR SCOTT D. BROWN		18908 Lakes Edge Way	<b>■</b> A d d
			[]Remove
		Odessa, FL 33556	□Change
		AND THE RESERVE OF THE PERSON	
			Remove
			□Change
		□Add	
		CIRemove	
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			□Add
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			□Change

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Note: If the date inserted in thi	must be specific and cannot be prior to	(optional date of filing or more than 90 days after filing le statutory filing requirements, this dat	g.) Pursuant to 605.0207 (3)(
he record specifies a delayed effe ord is filed.	ctive date, but not an effective time	e, at 12:01 a.m. on the earlier of: (b) T	he 90th day after the
Dated	2020		
Dated 04/15 Umaul C	·		

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