# L20000348303

| (Re                     | questor's Name)      |          |
|-------------------------|----------------------|----------|
| (Ad                     | dress)               |          |
| (Ad                     | dress)               |          |
| (Cit                    | ry/State/Zip/Phone # | r)       |
| PICK-UP                 | ☐ WAIT               | MAIL     |
| (Bu                     | siness Entity Name   | )        |
| (Do                     | cument Number)       |          |
| Certified Copies        | _ Certificates o     | f Status |
| Special Instructions to | Filing Officer:      |          |
|                         |                      |          |
|                         |                      |          |
|                         |                      | 5/25/21  |

Office Use Only



800363050378

04/05/21--01021--032 \*\*30.00

DOUGH OF SURFCRAFILE

21 APR - S. PM I2: 33

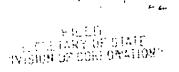
### **COVER LETTER**

| TO: Registration Sec<br>Division of Corp |  |   |  |
|--|--|---|--|
| SUBJECT: Sta                             | onghold Plu<br>Name of Limi                | mbing LLC ited Liability Company                                    | ·  |
| The enclosed Articles of A               | mendment and fee(s) are sub-               | mitted for filing.  |  |
| Please return all correspon              | dence concerning this matter               | to the following:   |  |
|  | ALBE                                       | Name of Person  | CA   |
|  | Strong                                     | HOLD Plum<br>Firm/Company   | BING LLC   |
|  | 3048 VIL                                   | LAGE HILL Address   | PLACE  |
|  |  |   | 32792<br>2 amail com   |
|  | Stronghold F. Hail address: (1)            |   | port notification)   |
| For further information co               | ncerning this matter, please ca            | all:  |  |
| AUSERT P Name of                         | VACA<br>Person                             | at ( <u>407</u> )<br>Area Code                                      | 949 - 1854<br>Daytime Telephone Number   |
| Enclosed is a check for the              | 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 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



| Strongtold Plu  | MBING 1                                  | LC                        | 21 APR -5 PH 12: 33       |
|---|--|---------------------------|---------------------------|
| (Name of the Limited Liability Companies (A Florida Limited L   | y as it now appears of inbility Company) | on our records.)          |                           |
| The Articles of Organization for this Limited Liability Company Florida document number <u>L 20000 34 830.3</u>     |  | 1/03/20                   | 2 and assigned            |
| This amendment is submitted to amend the following:   |  |                           |                           |
| A. If amending name, enter the new name of the limited liabi  | lity company here                        | <b>:</b>                  |                           |
| The new name must be distinguishable and contain the words "Limited Liabili   | ity Company," the desi                   | gnation "LLC" or the      | : abbreviation "L.L.C."   |
| Enter new principal offices address, if applicable:   |  |                           |                           |
| (Principal office address MUST BE A STREET ADDRESS)   |  | <u> </u>                  |                           |
| Enter new mailing address, if applicable:   |  |                           | <u> </u>                  |
| (Mailing address MAY BE A POST OFFICE BOX)  |  |                           |                           |
| B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: | ddress on our rec                        | ords, <u>enter the na</u> | ame of the new registered |
| Name of New Registered Agent:   |  |                           |                           |
| New Registered Office Address:  | Enter Floride                            | a street address          |                           |
|   |  | Florida                   | <del>-</del>              |
|   | City                                     |                           | Zip Code                  |
| New Registered Agent's Signature, if changing Registered Agent:   |  |                           |                           |
| I hereby accept the appointment as registered agent and agre  | e to act in this ca                      | pacity, I further a       | agree to comply with the  |

Thereby 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 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

en, En State IAS (OF STATE THISIUM OF CONFORALIOS:

\_ Change

AMBR = Authorized Member 21 APR -5 PH 12: 34 Address Type of Action <u>Title</u> **Name** ALBERT P VACA MBR 3048 VILLAGE HILL PLACE JANG WINTER PAKK FL 32792 PREMOVE □Change DbA□ \_\_ 🗆 Remove \_\_ 🗌 Change \_\_\_\_\_ 🗖 Add □Change □Add \_\_\_\_\_ 

Change □ Remove \_ □Change \_\_\_\_ 🗆 🗀 Add

|                                       |   |   |                     | 21 APR -5  | PM 12:         |
|---------------------------------------|---|---|---------------------|--|----------------|
|                                       |   |   | .'``                |  | •              |
|                                       |   |   |                     |  |                |
|                                       | <del></del>                                     |   |                     |  | <del>.</del> . |
|                                       |   | <del></del>                                       |                     |  |                |
|                                       |   |   |                     |  | <del></del>    |
|                                       | <del></del>                                     |   | <del></del>         |  |                |
| · · · · · · · · · · · · · · · · · · · |   |   |                     |  |                |
|                                       | <del> </del>                                    |   |                     |  |                |
| •••                                   |   |   |                     |  |                |
|                                       |   |   |                     |  |                |
|                                       |   |   |                     |  |                |
|                                       |   | <del> </del>                                      |                     | <del></del>  |                |
|                                       |   | ·   |                     |  | •              |
|                                       |   | <u>.</u>  |                     |  |                |
| <del></del>                           |   |   |                     | ·  |                |
|                                       |   |   |                     |  |                |
|                                       | te must be specific and<br>his block does not n | l cannot be prior to dat<br>neet the applicable s |                     | (optional)<br>nan 90 days after filing.) Pur<br>juirements, this date will |                |
| ed.                                   | fective date, but not                           | an effective time, a                              | t 12:01 a.m. on th  | e earlier of: (b) The 90t  | h day afte     |
| April                                 | 1   | 2021  |                     |  |                |
|                                       | Alli  | it Van  | <u> </u>            |  |                |
|                                       | Cionelura de a                                  | member or authorized                              | removement in a fee |  |                |