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## **COVER LETTER**

**Division of Corporations** State Place Strategies, LLC. SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Nicholas Luna Name of Person State Place Strategies Firm/Company 14311 Biscayne Blvd Suite 1642 Address North Miami, FL 33181 City/State and Zip Code luna.trish@me.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Trish Luna 615 400-1005 Daytime Telephone Number Name of Person Area Code Enclosed is a check for the following amount: ■ \$25.00 Filing Fee □ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed)

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TO:

Registration Section

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

State Place Strategies, LLC.				
( <u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our records, imited Liability Company)			
The Articles of Organization for this Limited Liability Co Florida document number	mpany were filed on 2/2/21	and assigned		
his amendment is submitted to amend the following:				
A. If amending name, <u>enter the new name of the limit</u>	ed liability company here:			
The new name must be distinguishable and contain the words "Limite	cd Liability Company," the designation "LLC" (	or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:				
Principal office address MUST BE A STREET ADDRE	<u> </u>			
		282		
		282 FEB 2		
Enter new mailing address, if applicable:		မော် (၁ <del>)</del>		
Mailing address MAY BE A POST OFFICE BOX)		10 S		
maning data ess man DE 111 OST OTTTEE DOTG		7 S		
		<u>S</u>		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, <u>enter th</u>			
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida street address			
	, Flor	ida 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 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>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Nicholas F. Luna	14311 Biscayne Blvd.	
		Suite 1642	
			□Remove
		North Miami, FL 33181	Change
			Change
			□Add
			□ Remove
			Change
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an effective date is listed, the date mus ote: If the date inserted in this bl				
ocument's effective date on the De				
record specifies a delayed effective	e date, but not an effectiv	e time, at 12:01 a.n	1. on the earlier of: (b)	The 90th day after the
is filed.				
February 17	2021			
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/ loss	hi			
	Signature of a member or a	uthorized representat	ve of a member	<u> </u>

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