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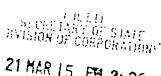
SUBJECT:	STRAT	MAN ADVISO	ors LLC
The enclosed Articles of Amendment and fee(s) are submitted for filting. The enclosed Articles of Amendment and fee(s) are submitted for filting. Please return all correspondence concerning this matter to the following: MARK ANDREW STRATMAN Name of Person STOLATMAN ADVISORS Firm Company 8028 TIBSET BULLER DR Address WINDER FIRM Company Code MARK, STRATMAN D COSHWAKE. Com E-mail address. (to be used for future annual report notification) For further information concerning this matter, please call: MARK STRATMAN COSHWAKE. Com E-mail address. (to be used for future annual report notification) For further information concerning this matter, please call: MARK STRATMAN ACCORD Daytime Telephone Number Enclosed is a check for the following amount: XS25.00 Filing Fee S30.00 Filing Fee Scorified Copy (additional copy is enclosed)			
The enclosed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
Division of Corporations UBJECT: STRATMAN ADVISORS LLC Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Iterate return all correspondence concerning this matter to the following: MARIK ANDREW STRATMAN Name of Person STORATMAN ADVISORS Firm/Company 8028 TiBET BULLER DR Address WINDER REE City/State and Zip Code MARIK STRATMAN CUSHWAKE. Com B-mail address: (to be used for future annual report notification) or further information concerning this matter, please call: MARIK STRATMAN at MOT 448 1351 Name of Person at MOT 448 1351 Daytime Telephone Number Area Code Certificate of Status Certified Copy tadditional copy is enclosed) Mailling Address: Street Address:			
	STOR A	TMAN ADVISOR	25
	8018	TIBET BULLED	2 DR
	WINDER	City/State and Zip Code	4784
	E-mail address: (0	o be used for future annual report notifi	SHWAKE. Comcation)
For further information co	oncerning this matter, please ca	dl:	
MANZ L Name of	STRATMAN Person	at (<u>H07</u>) <u>44 &</u> Area Code Daytime	Number Telephone Number
Enclosed is a check for th	e following amount:		
\$25.00 Filing Fee	· · · · · · · · · · · · · · · · · · ·	Certified Copy	Certificate of Status & Certified Copy
Mailing Address		Street Address: Registration See	tion

Registration Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

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 SECTION OF STATE OF



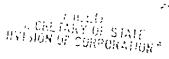
STRAT	MAN ADVISORS LLC
(Name of the Limited Liability Com	pany as if now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Compan Florida document number <u>L21000063476</u>	y were filed on 2/4/31 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	bility company here:
The new name must be distinguishable and contain the words "Limited Liab	pility Company," the designation "L1.C" 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)	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida

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



_____ Change

<u>Title</u>	<u>Name</u>	Address	AR 15 FH 2: 26	Type of Action
			BET BUTLER	
	MARK ANDREW STRATE	W,NDET	emere, FL	34786 Remove
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amend	ing any other information, enter change(s) here: (Attach additional sheets, if Herebissions, CRATION	
	21 HAR 15 PM 2: 26	
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cord sp s filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after	the
ed	3/11 2051. Mark State Signdture of a member or authorized representative of a member	
	Signdture of a member or authorized representative of a member	
	WARK STRATMAN Typed or printed name of signee	