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COVER LETTER

TO: Registration Se Division of Cor				
SUBJECT:	STV ATA	MAN ADVISE	DRS LLC	
	. une or on			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	MARK	ANDREW ST Name of Person	RATMAN	
	57	ZATMAN AD Firm/Company	V.SORS	
	8028 7	IBET BULL	sd si	
		Address		
	W 20E	City/State and Zip Code	34786	
	E-mail address: (to be used for future annual report noti	fication)	
For further information c	oncerning this matter, please c	all:		
M ATCK S	STRATMAN Person	at (<u>407</u>) <u> </u>	S - 13 S e Telephone Number	
Enclosed is a check for the	ne 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)	-
			2021	3)
Mailing Addres Registration S Division of C P.O. Box 632 Tallahassee, 1	Section orporations 7	Street Address: Registration Second Division of Core The Centre of T	porations	
i allanassee, i	. _	Tallahassee, FL		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limi	ted Liability Compan (A Florida Limited Li	y <u>as it now appears</u> ability Company)	s on our records.)		
The Articles of Organization for this Limited L	iahility Company u	vere filed on	2/11/5	and ass	ioned
			1-11	and add	igned
Florida document number <u>LJ/00</u>	00629	16			
This amendment is submitted to amend the foll	lowing:				
A. If amending name, enter the new name o	of the limited liabil	ity company he	<u>re</u> :		
The new name must be distinguishable and contain the v	words "Limited Liabilit	y Company," the de	signation "LLC" or the ab	breviation "L.	L.C."
Enter new principal offices address, if applic	cable:				
(Principal office address MUST BE A STREE	ET ADDRESS)				
		;			
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE	BOX)				
B. If amending the registered agent and/or agent and/or the new registered office addre	•	ldress on our re	cords, <u>enter the nam</u>	e of the new	v registered
Name of New Registered Agent:	MARK	ANDR	EN STR	ATMA	MA
New Registered Office Address:					
		Enter Flori	da street address		
			, Florida <u></u>	_ ===	<u></u>
		City		Æ∰Code	
New Registered Agent's Signature, if changing	Registered Agent:			APA	1
I hereby accept the appointment as registere provisions of all statutes relative to the propaccept the obligations of my position as regional filed to merely reflect a change in the	per and complete p istered agent as pr registered office a	erformance of r ovided for in C	my duties, and I am fo hapter 605, F.S. Or,	amiliar wit if t h is docu	h and ment is
company has been notified in writing of this	change.			Ē	

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

<u>itle</u>	<u>Name</u>	Addres	<u>ss</u>	Type of Ac
MR	MARK ANDROW STRATE	mada	8018 TIBET BUTUR WINDERMERE	X Add
	•		347	8¢ □Remove
			·	Likemove
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and an all of the surface of the sur	(antional)
effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 day	(optional) /s after filing.) Pursuant to 605.020
e: If the date inserted in this block does not meet the applicable statutory filing requirement ument's effective date on the Department of State's records.	ts, this date will not be listed a
union serieetive date on the Department of State s records.	2021 /
and an effective detailed offertive data but not an offertive time at 12:01 a.m. on the parlier	of: (b) The 90th day after th
cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier stilled.	or. (o) The sold hay after the
	D .:7
ed 4/7/51	~~~~
	7. I.i.
M/al Sh	-
Signature of a member or authorized representative of a member	<u> </u>
MANK AUSTRA STRA Typed or printed name of signee	/