210001090

(Req	uestor's Name)	
(Add	ress)	
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(City)	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nar	ne)
(Doc	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer	





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CAPITAL CONNECTION, INC.417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Straub Holding, LLC	·			
	- "			
		= n:		Art of Inc. File
				LTD Partnership File
				Foreign Corp. File
				L.C. File
				Fictitious Name File
				Trade/Service Mark
				Merger File
				Art, of Amend, File
				RA Resignation
			l —	Dissolution / Withdrawal
			·	Annual Report / Reinstatement
				Cert. Copy
				Photo Copy
				Certificate of Good Standing
				Certificate of Status
				Certificate of Fictitious Name
				Corp Record Search
				Officer Search
				Fictitious Search
Signature				Fictitious Owner Search
				Vehicle Search
				Driving Record
Requested by: SETH	09/13			UCC 1 or 3 File
Name	Date	Time		UCC 11 Search
				UCC 11 Retrieval
Walk-In Thomsave GA arcc	Will Pick Up			Courier

COVER LETTER

TO:	Registration Sec Division of Corp			
		STRAU	IB HOLDING, LLC	
SUBJE	ECT:	Name of Limi	ited Liability Company	
The en	closed Articles of A	Amendment and fee(s) are sub-	mitted for filing,	
Please	return all correspor	ndence concerning this matter	to the following:	•
		Bart Scovill, Esquire		
			Name of Person	······································
		Bart Scovill, PLC		
			Firm/Company	
		2480 Fruitville Road,	Suite 10	
			Address	
		Sarasota, FL 34237		
			City/State and Zip Code	
		Bettina@scovills.com		
			to be used for future annual report notif	ication)
For fur	ther information co	oncerning this matter, please ca	all:	
Bart	t Scovill, Esquire		941 365-2253 at ()	
	Name of	Person	Area Code Daytime	: Telephone Number
Enclos	ed is a check for the	e following amount:		
≘ \$2	25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	 S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	OLDING, LLC	
(<u>Name of the Limited Liability Comp.</u> (A Florida Limited	any as it now appears on our reco Liability Company)	ords.)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on March 17, 202	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab Enter new principal offices address, if applicable:	ility Company," the designation "L	LC" or the abbreviation "L.L.C."
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	1739 SE 40th Terrace	
(Mailing address MAY BE A POST OFFICE BOX)	Cape Coral, FL 33904	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, en	ter the name of the new registered
Name of New Registered Agent:	····	 -
New Registered Office Address:	Enter Florida street add	dress
		Florida
	City	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
MBR	Nicole Straub	1739 SE 40th Terrace	□Add
		Cape Coral, FL 33904	■Remove
			□Add
			⊟ Rетюче
			□Change
		□Add	
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			□Change

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<u>łote:</u>	e date, if other than the date of filing: ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t's effective date on the Department of State's records.
reco is f	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
	September 10 2021
ated	· · · · · · · · · · · · · · · · · · ·
ated	
Dated	Signature of a member open thorized representative of a member

Filing Fee: \$25.00