

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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K220003454443ABC

To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : GILMAN CIOCIA INC.  
Account Number : I20120000051  
Phone : (305)937-7773  
Fax Number : (815)301-2897

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: JOHN@BELLEVUEWEALTH.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
STRATEGO AMAZING LLC

Certificate of Status	0
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2022 OCT 17 / 14 4:33

SECRET

2022 OCT -7 AM 8:44

APPROVED  
AND  
FILED

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

STRATEGO AMAZING LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on March 22, 2021 and assigned  
Florida document number L21000134219.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited 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 ADDRESS)**

1065 SW 8TH ST

#1890

MIAMI FL 33130

Enter new mailing address, if applicable:

**(Mailing address MAY BE A POST OFFICE BOX)**

1065 SW 8TH ST

#1890

MIAMI FL 33130

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

EITAN MALER

New Registered Office Address:

1065 SW 8TH ST #1890

Enter Florida street address

MIAMI

Florida

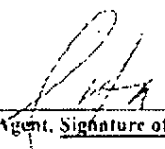
City

33130

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 Changing Registered Agent, Signature of New Registered Agent

APPROVED  
AND  
FILED  
2022 OCT - 7 AM 8:44  
TALLAHASSEE, FLORIDA  
STATE SECRETARY OF STATE

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	BEMO, DAVID	1065 SW 8TH ST #1890	<input type="checkbox"/> Add
		MIAMI, FL 33130	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	AMIHAI, ARIEL	1065 SW 8TH ST #1890	<input type="checkbox"/> Add
		MIAMI, FL 33130	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	STRATEGO FALCON	1065 SW 8TH ST #1890	<input type="checkbox"/> Add
PROPERTIES LLC		MIAMI, FL 33130	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	MALER, EITAN	1065 SW 8TH ST #1890	<input type="checkbox"/> Add
		MIAMI, FL 33130	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated October 7, 2022

EITAN MALER

Typed or printed name of signee