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| (Rec | questor's Name) | |
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| PICK-UP | WAIT | MAIL |
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| Certified Copies | Certificates | s of Status |
| Special Instructions to F | Filing Officer: | |
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Office Use Only



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COVER LETTER

| TO: Registration Sec Division of Corp | | · | | |
|--|--|---|-----------------------------|-----------------------------------|
| SUBJECT: | rategy Ris | ited Liability Company | | |
| | | | | 2022 - \$50 |
| The enclosed Articles of A | Amendment and fee(s) are sub- | mitted for filing. | | FIL 2022 OCT 28 - SECRETARY |
| Please return all correspon | ndence concerning this matter (| to the following: | | 28 28 |
| | Elijah Ho | Name of Person | | AM 9: 51 |
| | Strategu | RISING (| <u>C</u> | |
| | 12/01 N | Nebraska (| lue Stc | C |
| | Tampa, 1 Contact H | City/State and Zip Code Code | | .o |
| For further information co | oncerning this matter, please ca | all: | J | |
| Elijah P Name of | Hay Person | at (<u>\$13</u> | 3977 ne Telephone Number | |
| Enclosed is a check for th | e following amount: | | | |
| \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certified | e of Status & |
| | | | | |

Mailing Address:
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

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| ARTICLES OF ORGANIZATION OF |
|--|
| OF 注意 当 つ |
| Name of the Limited Liability Company as it now appears of our records.) (A Florida Limited Liability Company) |
| The Articles of Organization for this Limited Liability Company were filed on |
| 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) [Ampa, FC 336] |
| Enter new mailing address, if applicable: |
| Mailing address MAY BE A POST OFFICE BOX) 12101 N. Nebraska Que Ste C Tampa, FC 33612 |
| 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: Elyah Molbury |
| New Registered Office Address: 12 61 N Nebraska FUP Ste C Enter Florida street address |
| Enter Florida street address TAMPA, Florida 33617 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.

Registered Agent, Agnature of New Registered Agent

| or remov | ing ed | Authorized Person(s) au from our records: | thorized to m | nanage, enter the title, name, and address of each | n person being added |
|--------------|-----------|--|---------------|--|----------------------|
| MGR= | M | anager uthorized Member | 1 | | |
| <u>Title</u> | í | <u>Name</u> | | Address | Type of Action |
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| (If an eff | ive date, if other than the date of filing: |
| the recor | d 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 led. |
| Dated | 10.14,2022 |
| | Signature of a member or authorized representative of a member ELyph Molloway Typed or printed name of signee |
| | E) 1 1/ // |
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