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T. MATTHEWS
MAR - 7 2022

COVER LETTER

TO:

Tallahassee, FL 32314

	gistration Se vision of Cor			
CHERT		kes Strength LLC	ن	
SUBJECT		Name of Lim	ited Liability Company	
The enclose	ed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retur	n all correspo	ondence concerning this matter	to the following:	
		Samantha Panichelli		
			Name of Person	
		Survival Takes Strength		
			Firm/Company	
		7421 Rockefeller Drive		
			Address	
		Naples, FL 34119		
			City/State and Zip Code	
		sampanichelli@gmail.com		
		E-mail address: (to be used for future annual report notif	ication)
For further	information c	oncerning this matter, please c	all:	
Samantha l	Panichelli		302 740-2218	
	Name o	f Person	at () Area Code Daytimo	e Telephone Number
Enclosed is	a check for the	he 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)
	ailing Addres		Street Address:	
Registration Section Division of Corporations		Registration Section Division of Corporations		
	ivision of C .O. Box 632	•	The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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Survival Takes Strength 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 November 16th, 2021 ____ and assigned Florida document number L21000485841 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: 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.

Cin

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 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Steven Biafore	7421 Rockefeller Drive	⊞Add
		Naples, FL 34119	□Remove
			_
			□Add
			Remove
			□Change
			□Add
			Remove
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Note:	ve date, if other than ctive date is listed, the date If the date inserted in thi ent's effective date on the	s block does no	ot meet the appl	cable statutory fi	r more than 90 days ling requirement	optional) safter filing.) Pursua s, this date will no	nt to 605.0207 (3 t be listed as th
ne record ord is file	l specifies a delayed effe ed.	ctive date, but	not an effective	time, at 12:01 a.r	n, on the earlier o	of: (b) The 90th o	lay after the
Dated _	February 21st		2022	· •			
	- On	Kunic	hol				
		Signature o	f a member or aut	horized representat	ive of a member		
	Samantha Panichelli						

Filing Fee: \$25.00