

h22000028382

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

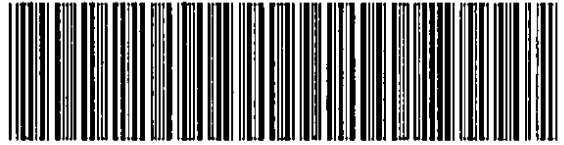
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500392168465

08/05/22--01008--009 **30.00

FILED
2022 AUG -5 AM 9:40
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: S & A Strategic Ventures LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Avery Lewis

Name of Person

S & A Strategic Ventures LLC

Firm/Company

1000 Collinswood Drive West

Address

Jacksonville/Florida 32225

City/State and Zip Code

aclewis00@gmail.com

E-mail address: (to be used for future annual report notification)

2022 AUG -5 AM 9:40
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

For further information concerning this matter, please call:

Avery Lewis

904

994-0611

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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)

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

Page 1 of 3

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>
AR	Saif Albanna	1000 Collinswood Drive West, Jacksonville, Florida 32225	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input 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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input 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

FILED
2022 AUG 25 AM 9:40
SECRETARY OF STATE
TALLAHASSEE, FL.

2022 AUG -5 AM 9:40
SECRETARY OF STATE
TALLAHASSEE, FL.


2022 AUG -5 AM 9:40
SECRETARY OF STATE
TALLAHASSEE, FL.

五
四
三
二
一

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.

(b) The 90th day after the record is filed.

Dated July 22, 2022


Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Avery Lewis

Typed or printed name of signee