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2022 JUN 22 AM 6: 44

SECRETARY OF STATE

A. BUTLER SEP 1 3 2022

COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT:	Name of Lim	ited Liability Company	_				
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.					
Please return all correspo	ndence concerning this matter	to the following:					
	Richard J Scholz, Esq						
		Name of Person					
	Jacobs Scholz & Wyler, U	C					
	Firm/Company						
	961687 Gatewy Blvd. Suite 201-I						
Address							
	Fernandina Beach, Florida 32034						
		City/State and Zip Code					
	rscholz@jacobsscholzlaw.c	om					
	E-mail address: (to be used for future annual report notification)	_ _				
For further information e	oncerning this matter, please ca	all:					
Richard J Scholz		904 2060554					
Name o	f Person	at ()	nber				
Enclosed is a check for the	ne following amount:						
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy Certi (additional copy is enclosed) Certi	0 Filing Fee. ficate of Status & fied Copy onal copy is enclosed)				
Mailing Address: Registration Section		Street Address: Pagistration Section					
Registration : Division of C		Registration Section Division of Corporations					
P.O. Box 632	-	The Centre of Tallahassee					
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810					

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2728 Strategic Holdings, LLC

2022 JUN 22 AM 6: 44

(Name of the Limited Liability Company as It now appears on our records.)
(A Florida Limited Liability Company) SEGRE WAY OF STATE TALLAHASSEE, FL The Articles of Organization for this Limited Liability Company were filed on $\frac{4/22/2022}{4}$ and assigned Florida document number L22000194062 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.

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
MGR	Ernest Saltmarsh	PO Box 52, Fernandina Beach, Florida 32035	■Add
			□Remove
			Change
			□Add
			Remove
			Change
			DAdd
			□Remove
			□Change
			□Add
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n effective date is listed ote: If the date insert		I cannot be prior to date oneet the applicable sta	(option of filing or more than 90 days after tutory filing requirements, this	
ecord specifies a dela is filed.	yed effective date, but not	an effective time, at 3	2:01 a.m. on the earlier of: (b) The 90th day after the
ited June, 15	1,	2022		
	"		presentative of a member	

Filing Fee: \$25.00

Typed or printed name of signee