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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: STRONG ARM HOLDINGS 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:
Mathew O'Neill Name of Person
Strong ARM Holdings LLC Firm/Company
6143 Frontier DRIVE
Zephyrhills, FL 33540
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Matthew D'Neill at (239) 308 - 8297 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\times \text{Certificate of Status}\$\$ Certificate of Status \$\times \text{Certified Copy} \\ \text{(additional copy is enclosed)}\$\$\$ Certified Copy \\ \text{(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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Strong Am Holding Name of the Limited Liability (A Florida	ty Company as it now appears on our records.) a Limited Liability Company)
The Articles of Organization for this Limited Liability C	Company were filed on May 19, 2022 and assigned 514
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit $\sqrt{\frac{1}{A}}$	
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	NA
(Principal office address MUST BE A STREET ADDE	(ESS)
	d 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:	J A
New Registered Office Address:	Enter Florida street address
	Florida
	Cuy 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

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

Title	Name	Address	Type of Action
AMBR	Conner Watso	n	🗆 Add
		2406 SilverForest Laine (Lutz, Fl 33549	Remove
		Lutz, F1 33549	Change
			□Add
			□ Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
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			DAdd
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			□Remove

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	date, if other than the date of filing: 8/18/2027 (optional)
n effect ote: If	ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,020 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a
cumen	t's effective date on the Department of State's records.
ecord s is filed	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after the
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ited	8/18/1
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Typed or printed name of signee