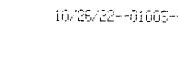
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PICK-UF	P WAIT	MAIL
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Office Use Only





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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Strategy Ris	ited Liability Company
	202 SE
The enclosed Articles of Amendment and fee(s) are subr	mitted for filling.
Please return all correspondence concerning this matter t	
<u>Elijah</u> Straton	Holocoay Name of Person Pision / Oristics //C
Strategy	Firm/Company CO9(31725 CCO
12101 K). Nebraska Que SciteC
Tampa, F Contact the	City/State and Zip Code Of Ject and Comail. Con o befused for Juture annual report notification)
For further information concerning this matter, please ca	at 6/3 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Division of Corporations P.O. Box 6327	Street Address: Registration Section Division of Corporations The Centre of Tallahassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

company as Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on assigned Florida document number 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) N. Nebraska Que SteC ampa , FC 336/2 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:

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 amo	endi: nove	ig dif	Authorized Person(s) aut rom our records;	horized to	manage, enter the title, name, and address of each	person being added
MGR	_	¦ Via		!		
<u>Title</u>		7.	<u>Name</u>		Address	Type of Action
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	Signature of a member or authorized representative of a member