12200427976

(Requestor's Name)
(Add)
(Address)
(Address)
,
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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al Instructions to Filing Officer.
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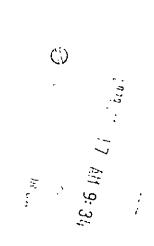
Office Use Only



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2023 JAN 17 AM 9: 46 SECKETSHI OF STATE TALLAHASSEE, FL





1/11/2023

COVER LETTER

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

TO:

Division of Corporations				
Short of a	CB PFI	10 110		
SUBJECT: Strategic-	Name of Limited	I Liability Company		
The enclosed Articles of Amendmen	t and fee(s) are submi	tted for filing.		
Please return all correspondence con	cerning this matter to	the following:		
ş.	7			
<u>_\lambda</u>	CAN E You	Non of Barron		
Si	ERALENIC-SC	Sef Florida Firm/Company	9 LLC	
	9-	Firm/Company		
14	7// Augusta	// //	/	
	II HNGC 13	Hallow Red Address		
_				
<u></u>	All ALASSEE	2, <i>FL 32308</i> City/State and Zip Code		
	Ayoung (f)	STRATEGIC - Sq. be used formular re	eport notification)	
For further information concerning t				
DeAN I You	uNg	at (<u>254</u>)	227-75	46
Name of Person		Area Code	Daytime Telepho	ne Number
Enclosed is a check for the followin	g amount:			
□ \$25.00 Filmg Fee □ \$30.0			: 🗆	\$60.00 Filing Fee.
Сет	tificate of Status	Certified Copy (additional copy is enclo	osed)	Certificate of Status & Certified Copy
				(additional copy is enclosed)
		Ca	.1	
Mailing Address: Registration Section		<u>Street Ad</u> Registra	aress: tion Section	
Division of Corporation	ons	Division of Corporations		

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2023 JAN 17 AH 9: 46

Strategic - Sg of Florida LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

SECRETARY OF STATE TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Co	ompany were filed on _	10/04/20	22 and assigned	
Torida document number <u>L 22000 42 79</u>	<u>9.76</u>	, ,		
his amendment is submitted to amend the following:				
x. If amending name, enter the new name of the limit	ted liability company	here:		
he new name must be distinguishable and contain the words "Limit	ited Liability Company," th	e designation "LLC" or the	ne abbreviation "L.L.C."	
Inter new principal offices address, if applicable:				
Principal office address MUST BE A STREET ADDR	ESS)		<u>.</u>	
Enter new mailing address, if applicable:				
Mailing address MAY BE A POST OFFICE BOX)				
3. If amending the registered agent and/or registered agent and/or the new registered office address here: Name of New Registered Agent:				
New Registered Office Address:	Enter Florida street address			
	City·	, F10F10	a Zip Code	
New Registered Agent's Signature, if changing Registered	d Agent:			
hereby accept the appointment as registered agent or ovisions of all statutes relative to the proper and concept the obligations of my position as registered agoing filed to merely reflect a change in the registere ompany has been notified in writing of this change.	omplete performance gent as provided for i	of my duties, and I n Chapter 605, F.S.	am familiar with and Or, if this document is	

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 Type of Action Address Title AMBR RAINA RAINA 7345 WSANd/AKE Rd, Suite DAdd ON/ANDO FL 32819 IREMOVE _____ □Change _____ DAdd □Remove Remove ____ □Change □Remove ______ Change □Remove

□Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
-	
-	
-	
•	•
•	
•	
Note:	tive date, if other than the date of filing:
reco d is f	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the iled.
Dated	2023
	Significant of a member of authorized representative of a member

Filing Fee: \$25.00