## Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

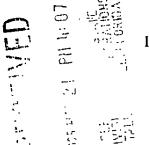
Account Number : 120090000081 Phone : (307)200-2803

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\*\*Enter the email address for this business entity to be used for future. annual report mailings. Enter only one email address please

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN STRATEGIC AQUISITIONS GROUP LLC

| Certificate of Status | 0       |
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| Page Count            | 04      |
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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2025 MAY 21 PM 12: 44 Strategic Aquisitions Group LLC (Name of the Limited Liability Company as it now appears on our records.) TALLAHASSEF The Articles of Organization for this Limited Liability Company were filed on  $\frac{04/28/25}{2}$ and assigned Florida document number L25000202484 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Strategic Acquisitions Group LLC 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

## 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 turther 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. Thereby confirm that the limited liability company has been notified in writing of this change.

Cin

\_\_\_\_. Florida \_\_\_\_

May 21, 2025 12:18 To -18506176383 Page: 3/4 Fax 18134365206

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> | Type of Action |
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| fan effective date is listed, the date m<br><u>Note:</u> If the date inserted in this b<br>document's effective date on the b | ist be specific and cannot be prior to date o<br>block does not meet the applicable sta<br>Department of State's records. | f filing or more than 90 days a<br>actory filing requirements. | fter filing.) Pursuant to 605.020<br>this date will not be listed a |
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