

M23000009184

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

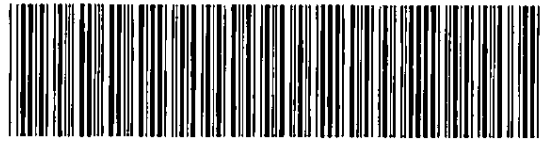
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800419582758

RECEIVED
2024 JAN 16 PM 4:25
STATE
OFFICE, FL

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2024 JAN 16 AM 11:42
STATE
OFFICE, FL

R. HUNT
01/16/24



CSC - Tallahassee
 1201 Hays Street
 Tallahassee, FL 32301-2607
 850-558-1500, Ext: 61592

To: Department Of State, Division Of Corporations
 From: Alexxis Weiland-Sorenson
 Ext: 61592
 Date: 01/16/24
 Order #: 1388453-6
 Re: Strahler Support Services, LLC
 Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Amount to be deducted from our State Account: \$25.00 - FL State Account Number: 120000000195 Authorization: *[Signature]*

Please take the following action:
 File in your office on basis
 Issue Proof of Filing

Special Instructions:

2024 01 16 PM 4:25
 DEPT OF STATE
 TALLAHASSEE, FL
 :D

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: Strahler Support Services, LLC

Enter new principal office 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)*

2. The Florida document number of this limited liability company is: M23000009184

3. Jurisdiction of its organization: Alaska

4. Date authorized to do business in Florida: 7/17/2023

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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 _____

City

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

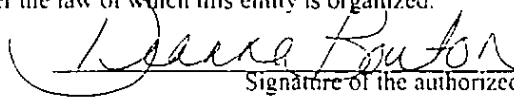
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

Member/Manager change

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Authorized Person	Dianne Bouton		<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
Member	Strahler, LLC	1800 E St Ave Anchorage, AK 99501	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
Manager	Patty Billingsley	1800 E St Ave Anchorage, AK 99501	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
Manager	Paul Millwood	1800 E St Ave Anchorage, AK 99501	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
Manager	Krista Williams	1800 E St Ave Anchorage, AK 99501	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.


Signature of the authorized representative

Dianne Bouton

Typed or printed name of signee

Filing Fee: \$25.00

2021 JUN 16 PM 4:25
CLERK OF STATE
TALLAHASSEE, FL
FILED