P01000093977

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COVER LETTER

TO: Amendment Section **Division of Corporations** NAME OF CORPORATION: Strata Associates, Inc. **DOCUMENT NUMBER:** P01000093977 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Daniel Longiaru Name of Contact Person Firm/ Company 1121 S. Military Trail, #255 Address Deerfield Beach, FL 33442 City/ State and Zip Code leoragen@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Daniel Longiaru Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: **\$35** Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Strata Associates, Inc.	
(Name of Corporation as currently filed with the Flor	rida Dept. of State)
P01000093977	
(Document Number of Corporation (if k	nown)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida</i> Articles of Incorporation:	orida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P.	"company," or "incorporated" or the abbreviation ". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	<u>~~</u>
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	in S. Maria
	NOV 13
C. Enter new mailing address, if applicable:	Sa Car
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
	2m 6
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	s in Florida, enter the name of the
Name of New Registered Agent	
(Florida street	address)
New Registered Office Address:	, Florida
(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with Signature of New Registered Agent.	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be <math>PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John De	<u>0e</u>	
X Remove	<u>v</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Si	<u>mith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	V	_	Gloria Carmen Benavides	3631 SW Ballweg St
XAdd				Pt St Lucie, FL
Remove				34953
2) Change		_		
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change		-		
Add				
Remove				
6) Change		_		
Add				
Remove				

	ling or adding a dditional sheets,	, if necessary).	(Be specific)			
	,			<u></u>	 	<u></u>
						
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						_
	<u>endment provi</u>	<u>des for an excl</u> enting the ame	nange, reclassifi	cation, or canc	ellation of issued amendment itsel	<u>shares,</u> r
If an ame		chemic the ame	nument n not t	omanica in the	untendinent itsel	<u></u>
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provisio	not applicable, i	indicate N/A)		,		

The date of each amendment(s) a	deption: October 15, 2012
Effective date if applicable:	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) afficient for approval.
	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
"The number of votes cast	for the amendment(s) was/were sufficient for approval
by	(voting group)
The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder
_{Dated} Novemb	er 5, 2012
selecte	lirector, president or other officer – if directors or officers have not been ed, by an incorporator — iP in the hands of a receiver, trustee, or other court ited fiduciary by that fiduciary)
	Daniel Longiaru
	(Typed or printed name of person signing)
	President
	(Title of person signing)