

L19000257236

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

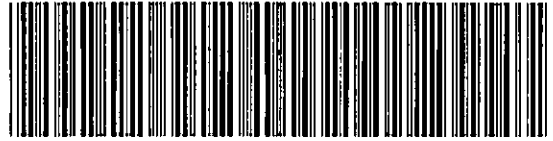
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200374364722

10/04/21--01045--017 \*\*60.00

SECRETARY OF STATE  
TALLAHASSEE, FL

2021 OCT -4 PM 5:03

FILED

BRUCE  
OCT 08 2021

9/20/2021

Attached is an amendment for Scrap Gators LLC corporate structure , return address is 3434 industrial 33<sup>rd</sup> st , Fort Pierce , Fl , 34946. Please contact Walter Salvati with any questions 772-418-2369. Thank You .

FILED

2021 OCT -4 PM 5:03

SECRETARY OF STATE  
TALLAHASSEE, FL

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Scrap Gators LLC

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

The Articles of Organization for this Limited Liability Company were filed on 10/14/2019 and assigned Florida document number L19000 257236.

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 "L.L.C." 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*

\_\_\_\_\_, Florida

*City*

FILED  
2021 OCT -4 PM 5:03  
REGISTRATION SERVICE  
TALLAHASSEE, FL

**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 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>	<u>Type of Action</u>
<u>MGR</u>	<u>Edmund Salvati</u>	<u>6451 NW Halibut St</u>	<input type="checkbox"/> Add
		<u>Port Saint Lucie, FL, 34986</u>	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
<u>AMBR</u>	<u>Michole Sefcik</u>	<u>821 SE Walters Terrace</u>	<input type="checkbox"/> Add
		<u>Port Saint Lucie, FL, 34983</u>	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
<u>MGR</u>	<u>Walter Salvati</u>	<u>821 SE Walters Terrace</u>	<input checked="" type="checkbox"/> Add
		<u>Port Saint Lucie, FL, 34983</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2021 OCT -4 PM 5:03  
 RECEIVED  
 TALLAHASSEE FIELD

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Michele Sefcik owns 1,000 shares of  
Scrap bators LLC. She is the sole owner.

FILED  
2021 OCT -4 PM 5:03  
SECRETARY OF STATE  
TALLAHASSEE FL

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated 9/20, 2021.

Michele Sefcik

Signature of a member or authorized representative of a member

Michele Sefcik

Typed or printed name of signee