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(Re	questor's Name)	
(Ade	dress)	
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PICK-UP	☐ WAIT	MAIL
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2022 SEP 16 AM 8: 49

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Scrubbia Kl	Laan LLC
Name of Limite	d Liability Company
The enclosed Articles of Amendment and fee(s) are subm	itted for filing.
Please return all correspondence concerning this matter to	the following:
Nichian	Name of Person
	Firm/Company
2241 Palm	atto Glan Dr Apt 103
Kiesimm	City/State and Zip Code
E-mail address: (to	be used for future annual report notification)
For further information concerning this matter, please cal	l:
Nichtan N. Fraama Name of Person	at (<u>561</u>) <u>543-5293</u> Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
☐ \$25.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy
*Chech was so	(additional copy is enclosed)
*Chech was see in pravious mai which was the	incarect form.
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810
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Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Scrubbia	Klaan	LLC	2022 SEP 16 AH 8: 49
(Name of the Limited Lia (A Flo	bility Company as it nov orida Limited Liability Con	v appears on our records.) mpany)	SECTION AND SECURIC HIS
The Articles of Organization for this Limited Liabilit		Ion Jan 1,2	7022 and assigned
Florida document number <u>L22000 I4</u>	150		
This amendment is submitted to amend the following	; ;		
A. If amending name, enter the new name of the	limited liability comp	oany here:	
The new name must be distinguishable and contain the words "	Limited Liability Compan	y," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:			· · · · · · · · · · · · · · · · · · ·
(Principal office address MUST BE A STREET AL	ODRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>		
			· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or regist agent and/or the new registered office address her		n our records, <u>enter th</u>	e name of the new registered
Name of New Registered Agent:			
New Registered Office Address:		Enter Florida street address	
		, Flor	ida
	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 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

Address Type of Action <u>Title</u> Name AMBR Nickian Fragman 2241 Palmatto Glandina Apt 103, Kissimmaa JL34741 Remove MGR Panery Beckford 1580 AC Evans Streat DAdd Riviero Brach JL 33404 PRemove _____ Change _____ Change □Remove

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an effective date is Sote: If the date	if other than the date is listed, the date must be specified in this block dutive date on the Department	pecific and cannot be possible and cannot be possible ap	plicable statutory fili	(option or than 90 days after ng requirements, this	filling.) Pursuant to 605.02
record specifies d is filed.	a delayed effective date	e, but not an effective	ve time, at 12:01 a.m	, on the earlier of: (b) The 90th day after th
Dated <u>Soc</u>	H 13	<u>202</u> , <u>11</u>	12.		
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	Signa	ature of a member or	authorized representativ	ve of a member	