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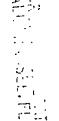
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COVER LETTER

	Registration Se Division of Cor		•	
SUBJEC	SCRAP KI	NGZ LLC		
SUBJEC	.1;	Name of Lim	ited Liability Company	· · · · · · · · · · · · · · · · · · ·
The encle	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	ondence concerning this matter	to the following:	
		YOLANDE ANDERSON		
			Name of Person	
			Firm/Company	
		4001 SW 58TH AVE		
		WEST PARK, FL 33023	Address	
		LONELYSEED1@YAHOO	City/State and Zip Code D.COM	.
		E-mail address: (to be used for future annual report no	tification)
For furthe	er information c	oncerning this matter, please co	all:	
VAN L	ANDERSON		954 200-1162 at ()	
	Name o	f Person		ne Telephone Number
Enclosed	is a check for the	ne following amount:		
\$25.0	00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Registr Divisio	ING ADDRESS: ration Section on of Corporations ox 6327	STREET/COUR Registration Section Division of Corporation Clifton Building	

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**



SCRAP KINGZ LLC

2019 HAR 19 PM 6: 25 (Name of the Limited Liability Company as it now appears on our records.)

	7.A.L. M. E.E. FL
The Articles of Organization for this Limited Liabil	ity Company were filed on 3/01/2019 and assigned
Florida document number L19000059198	 .
This amendment is submitted to amend the following	ng:
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 "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	:
(Principal office address MUST BE A STREET A.	DDRESS)
	
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX	<u> </u>
	registered office address on our records, enter the name of the n
registered agent and/or the new registered office	address here:
Name of New Registered Agent:	
Name of New Registered Agent: New Registered Office Address:	
	Enter Florida street address

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>	Type of Action
MGR	VAN L ANDERSON	4001 SW 58TH AVE WEST PARK, FL 33023	Add
			□ Remove
AMBR	YOLANDE ANDERSON	4001 SW 58TH AVE WEST PARK, FL 33023	■ Add
			Remove
			☐ Change
MGR	YOLANDE ANDERSON	4001 SW 58TH AVE WEST PARK, FL 33023	
			■ Remove
			Change
			
			□ Remove
			☐ Change
	<u></u>		Add
			☐ Remove
			Change
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ective date, if other than the date of filing) :		(optional)	
effective date is listed, the date must be specific and	cannot be prior to d		an 90 days after filing.) Pur	
te: If the date inserted in this block does not me cument's effective date on the Department of St		statutory filing req	uirements, this date will	not be listed as
record specifies a delayed effective d	ate, but not a	n effective time	, at 12:01 a.m. on t	he earlier o
The 90th day after the record is filed.				
7/15/19				
$\frac{3/15/19}{55}$				
	 	d representative of a i		<u>_</u>

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00