

204 0000920100

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

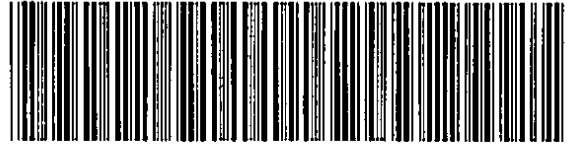
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

A. RIVERS
DEC - 8 2021



700376665787

11/19/21--01005--026 **25.00

2021 NOV 19 PM 12:46
SECRETARY OF STATE

ED

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Modern Scribe, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

William Kerr

Name of Person

Modern Scribe, LLC

Firm/Company

PO Box 756

Address

Anna Maria, FL 34216

City/State and Zip Code

bill@modernscribe.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

William Kerr

239 935-5472
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 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)

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Modern Scribe, LLC

The Articles of Organization for this Limited Liability Company were filed on March 16, 2004 and assigned Florida document number L04000020100

CloudTrader, LLC

(Principal office address MUST BE A STREET ADDRESS)

(Mailing address MAY BE A POST OFFICE BOX)

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

Civ

Zip Code

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

Item	Category	Quantity	Unit	Value	Notes
					<input type="checkbox"/> Add
					<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
					<input type="checkbox"/> Add
					<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

[illegible]

(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)

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.

William Kerry
Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00