## L07000070992

(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	usiness Entity Nan	ne)
· (Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
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13 NOV 25 PH I2: 31

SECRETARY OF STATE

DEC - 5 2013

T. BROWN

TO:

Registration Section
Division of Corporations

STEFANIE SCOTT 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:

ADDress Charge

STEPHANIE SCOTT

Name of Person

STEFANIE SCOTT LLC

Firm/Company

1114 PALMETTO AVE

Address

MELBOURNE, FL 32901

City/State and Zip Code

DCSPAS@AOL.COM

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

For further information concerning this matter, please call:

DIANE SCOTT

321, 480-6522

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/COURIER ADDRESS:

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



## STEFANIE SCOTT 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 Li	ability Company	were filed on 07/09/20	07 and assigned
Florida document number L07000070992	·		
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name of	the limited liab	ility company here:	
The new name must be distinguishable and end with "L.L.C."	h the words "Limi	ited Liability Company," the	e designation "LLC" or the abbreviation
Enter new principal offices address, if applica	able:	1114 PALMETTO	AVE
(Principal office address MUST BE A STREE	TADDRESS)	MELBOURNE, FL	32901
Enter new mailing address, if applicable:		1114 PALMETTO	AVE
(Mailing address MAY BE A POST OFFICE)	BOX)	MELBOURNE, FL	32901
B. If amending the registered agent and/or registered agent and/or the new registered of			cords, enter the name of the new
Name of New Registered Agent:	Stephi	anie	Scott
New Registered Office Address:	1114 PALM	ETTO AVE	_
•		Enter Flor	rida street address
	MELBOUR	NE	_, Florida 32901
		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 Charles 608, F.S. Or, if this document is being filed to merely reflect a change in the registered of ice ardress, I hereby confirm that the limited liability company has been notified in writing of this change.

If Conging Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

Title Name

Title	<u>Name</u>	Address	Type of Action
MGR	Stephanie St	1114 Palmetto	Add
• -		Melboune FL	Remove
<u> </u>	Diane Scott	485 Pergrine	Add
	•	Indigiantic FL	Kemove
		483 Perguine Tholabulic FC	_
	tan Scott	Tindia bubic PL	Add
			Remove
			<del></del>
***************************************	<del></del>		Add
			Remove
		·	,
<u> </u>			Add
			Remove
<del></del>			Add
			Remove

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temper or authorized representative of a member
Typed or printed name of signee  Page 3 of 3
Filing Fee: \$25.00
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