

LD8000040116

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

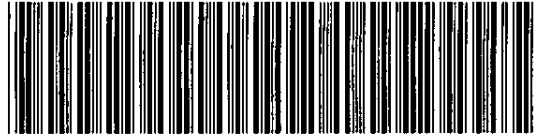
(Business Entity Name)

(Document Number)

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FILED  
08 APR 24 PM 2:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE

APR 24 2008

EXAMINER

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SCRATCH PAD, LLC  
(Name of Limited Liability Company)

Dear Sir or Madam:

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

Please return all correspondence concerning this matter to the following:

TRACEY HICKS  
(Name of Person)

SCRATCH PAD, LLC  
(Firm/Company)

138 PALM COAST PKWY #105  
(Address)

PALM COAST, FL 32137  
(City/State and Zip Code)

For further information concerning this matter, please call:

TRACEY HICKS at ( 386 ) 4455862  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET/COURIER ADDRESS:**

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

**MAILING ADDRESS:**

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

Enclosed is a check for the following amount:

- ☒ \$25 Filing Fee      ☐ \$30 Filing Fee & Certificate of Status      ☐ \$55 Filing Fee & Certified Copy      ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

SCRATCH PAD, 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 4/20/2009 and assigned  
Florida document number LO8000040116

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**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) (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 608, 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)

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TALLAHASSEE, FLORIDA

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	CHRISTOPHER GARRIS	2067 CANADA FALLS LITHONIA, GA 30058	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	ELBERT HICKS	138 PALM COAST PKWY STE 105 PALM COAST, FL 32137	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	ELBERT HICKS II	138 PALM COAST PKWY STE 105 PALM COAST FL 32137	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>MGRM</u>	TRACEY HICKS	138 PALM COAST PKWY STE 105 PALM COAST, FL 32137	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

ON THE OTHER APPLICATION  
THE TITLE IS LISTED AS MGR  
PLEASE CHANGE TO MGRM

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

Dated \_\_\_\_\_

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TALLAHASSEE, FLORIDA

Signature of a member or authorized representative of a member

TRACEY HICKS

Typed or printed name of signee