108000062797

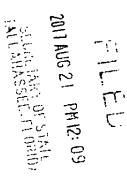
(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu:	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



600302710706

08/21/17--01014--019 **60.00



COVER LETTER

	istration Sec sion of Corp				·
	SCOTTERN	ry, Inc.			
SUBJECT:		Name of Lim	nited Liability Con	npany	
The enclosed	Articles of z	Amendment and fee(s) are sub	mitted for filing	,·	
Please return	all correspor	ndence concerning this matter	to the following	ţ;	
		MICHAEL HAGEN			
			Name of P	'erson	
		HAGEN LAW FIRM			
			Firm/Con	ipany	
		5290 SUMMERLIN COM	IMONS WAY S	TE 1003	
			Addres		
		FORT MYERS FL 33907			
			City/State and	Zip Code	
		INFO@MIKEHAGEN.CON		are annual report no	titication)
For further in	formation co	oncerning this matter, please ca			,
MICHAEL	IAGEN		239 at (
	Name of	Person	Area (Code Daytii	ne Telephone Number
Enclosed is a	check for th	e following amount:			
□ \$25.00 Fi	iling Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Fi Certified (additional		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Registra Division P.O. Bo	NG ADDRESS: ation Section in of Corporations ox 6327 ssee, FL 32314		STREET/COUR Registration Sect Division of Corpo Clifton Building 2661 Executive C Tallahassec, FL 3	ion orations Center Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2017411
1 AUG 2,
PM 12: 10 PM 12: 10 PM 12: 10
SOLE FLORING

SCOTTERRY, INC.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

	07 (20)2000	
The Articles of Organization for this Limited Liability Company v	were filed on 00/28/2008	and assigned
Florida document number L08000062797		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
SCOTTERRY, LLC		
The new name must be distinguishable and contain the words "Limited Liability	ty Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		ter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Florida	Zip Code
		Zin Coda
	City	ny cone
New Registered Agent's Signature, if changing Registered Agent:	City	гар Сонс

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added 2017 AUG 21 PK 12: 10 or removed from our records: MGR = Manager AMBR = Authorized Member **Type of Action** <u>Title</u> <u>Name</u> □ Add ☐ Remove □ Change _□ Add _□ Remove _□ Change □ Add □ Remove _□ Change _□ Add □ Remove _□ Change _□ Add _□ Remove _□ Change _□ Add _□ Remove ☐ Change

AS AN LLC BUT CONTAINED "INC." WITHIN THE NAME.	THE NAME IS BEING CORRECTED TO
REMOVE THE "INC." AND REPLACE IT WITH THE PROPI	ER "LLC" AS REQUIRED BY STATE LAW.
	•
	Tall But the state of the state
	(N');
	Fig.
	<u></u>
ctive date, if other than the date of filing:	(optional)
effective date is listed, the date must be specific and cannot be prior to date of the date inserted in this block does not meet the applicable state.	
ment's effective date on the Department of State's records.	
ecord specifies a delayed effective date, but not an e e 90th day after the record is filed.	ffective time, at 12:01 a.m. on the earl
8.18 2017	
d DO CO TO TO THE ALL	
1010190 11000	-
Signature of a mentber or authorized re	presentative of a member

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00