

#L10000004649

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

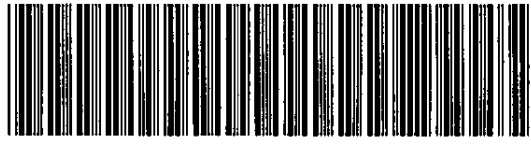
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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K. SALY
EXAMINER
APR 15 2015

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THE BAHAMAS

March 16, 2015

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

Re: Lucky Scupper, LLC

Dear Sir:

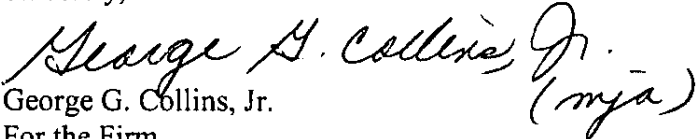
Enclosed please find an original and one conformed copy of the Articles of Amendment to Articles of Organization for the above named limited liability corporation. I would appreciate your filing the original with your office and returning the conformed copy with your Certificate attached together with the Certificate of Status to this office.

I am also enclosing our check in the amount of \$60.00 covering the following:

Filing Fee	\$25.00
Certified Copy	30.00
Certificate of Status	5.00

Thank you for your consideration in this matter.

Sincerely,


George G. Collins, Jr.
For the Firm

GGC, JR./mja
Enclosures

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

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TALLAHASSEE, FLORIDA

LUCKY SCUPPER, 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 January 13, 2010 and assigned Florida document number L10000004649.

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."

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

MGR = Manager
 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Langfitt, John R.	1580 Island Cove Road	<input type="checkbox"/> Add
		Ft. Pierce, FL 34949	<input checked="" type="checkbox"/> Remove
AMBR	Langfitt, John R.	1580 Island Cove Road	<input checked="" type="checkbox"/> Add
		Ft. Pierce, FL 34949	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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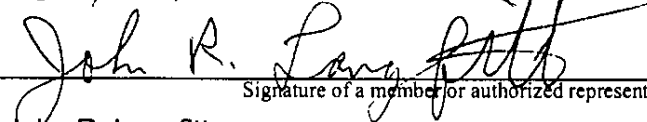
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 2/27, 2015



Signature of a member or authorized representative of a member

John R. Langfitt

Typed or printed name of signer

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