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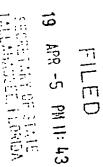
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Special Instructions to	Filing Officer:	

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## **COVER LETTER**

TO: Registration Section Division of Corporation		,	
SUBJECT:	ck N Sco		
	Name of Lim	ited Liability Company	
The enclosed Articles of An	, ,	C	
	Eric F	ју и И Name of Person	<del> </del>
		Firm/Company	
	1610 South	Evergseen Ave	
_	Clearwate eflynn6	FL 33756 City/State and Zip Code  Control of the Code	r.com
For further information cond			ication)
Eric Flyn	erson		-3352 Telephone Number
Enclosed is a check for the f	ollowing 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

PICK N	Scout, LLC
(Name of the Limited Liability (A Florida I	Company as it now appears on our records.) imited Liability Company)
The Articles of Organization for this Limited Liability Cor Florida document number <u>41000093838</u>	mpany were filed on $\frac{4/(2019)}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite	_
Smart Sto	of Liability Company," the designation "L.L.C."
The new name must be distinguishable and contain the words "Limite	
Enter new principal offices address, if applicable:	No addre 55 Changes
(Principal office address MUST BE A STREET ADDRE	SS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
registered agent and/or the new registered office addre	
Name of New Registered Agent:	Eric Flynn
New Registered Office Address: 16/10	Enter Florida street address
<u>C16</u>	Eric Flynn  D South Evergreen Ave  Enter Florida street address  Corwator , Florida 33756  City Zip Code
New Desistened Asset's Signature if shanging Desistened	

#### 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

**Type of Action Title** Address MGR Laurel Flynn \_□ Add 1610 South Evergreen AVE, Clearwater FL 33756 PREmove \_□ Change \_□ Add Remove □ **S**hange ☐ Add ☐ Remove ☐ Change \_□ Remove \_□ Change ☐ Remove Change

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fective date, if other than the date of filing:  [fective date is listed, the date must be specific and cannot be prior to  If the date inserted in this block does not meet the applicable  ment's effective date on the Department of State's records.		more than 90 days at			
ecord specifies a delayed effective date, but not e 90th day after the record is filed.	an effective	time, at 12:0:	l a.m. on t	the e	arliei
Signature of a member of authority	<u> </u>				
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Signature of a member of authori	ized representativ	c of a member			-

Page 3 of 3

Filing Fee: \$25.00