

LII 000110473

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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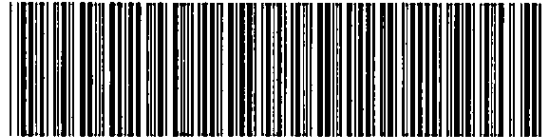
(Business Entity Name)

(Document Number)

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2/17/21

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SC International 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:

Regiane Dayse Scoz-Cidral

Name of Person

SC International LLC

Firm/Company

7637 Ripplepointe Way

Address

Windermere, FL - 34786

City/State and Zip Code

regiane74@gmail.com

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

For further information concerning this matter, please call:

Regiane Dayse Scoz-Cidral

Name of Person

at (561)

Area Code

405-5058

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

SC International 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 September 27, 2011 and assigned Florida document number L11000110473.

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 contain 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)

7637 Ripplepointe Way

Windermere, FL - 34786

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

7637 Ripplepointe Way

Windermere, FL - 34786

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:

Regiane Dayse Scoz-Cidral

New Registered Office Address:

7637 Ripplepointe Way

Enter Florida street address

Windermere

Florida

34786

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 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	<u>Regiane Dayse Scoz-Cidral</u>	<u>7637 Ripplepointe Way</u>	<input checked="" type="checkbox"/> Add
		<u>Windermere, FL 34786</u>	<input type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
AMBR	<u>Renee Scoz</u>	<u>10867 Ravel Ct</u>	<input type="checkbox"/> Add
		<u>Boca Raton, FL 33498</u>	<input checked="" type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
AMBR	<u>Francisco José Cidral Filho</u>	<u>7637 Ripplepointe Way</u>	<input type="checkbox"/> Add
		<u>Windermere, FL 34786</u>	<input type="checkbox"/> Remove
		<u></u>	<input checked="" type="checkbox"/> Change
<u></u>	<u></u>	<u></u>	<input type="checkbox"/> Add
		<u></u>	<input type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
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		<u></u>	<input type="checkbox"/> Change

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(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated January 8, 2021

Signature of a member or authorized representative of a member

Regiane Dayse Scoz Cidral

Typed or printed name of signer