## 1100 145 286

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## **COVER LETTER**

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TO: Registration S Division of Co		1. **		
MITRE A	CCOUNTING GROUP, LLC			
SUBJECT.	Name of Line	ited Liability Company	<del></del>	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	AUNDRE SCOTT			
		Name of Person		
	MITRE ACCOUNTING &	& TAX SERVICES, LLC.		
	<del></del>	Firm/Company		
	15701 SR 50, STE 202			
	***	Address		
	CLERMONT, FL 34711			
	TAXES@MITREACCOU	City/State and Zip Code NTINGANDTAX.COM		16.5
	E-mail address: (	to be used for future annual report notifi	cation)	5
For further information	concerning this matter, please c	all:	,	ري الا آ-،
AUNDRE SCOTT		352 242-9905		1111
Name	of Person		Telephone Number	PHID: 45
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	
MAII	LING ADDRESS:	STREET/COURIE	ER ADDRESS:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassec, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

to O. S. Market Co. MITRE ACCOUNTING GROUP, 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 12/29/2011 and assigned Florida document number L11000145286 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: SCOTTSDALE DEVELOPMENT COMPANY, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)  $N/\Lambda$ 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: N/A Name of New Registered Agent: New Registered Office Address: Enter Florida street address

## 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

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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>	Address	Type of Action
	N/A		
			☐ Remove
			Change
			Add
			□ Remove
			☐ Change
			☐ Remove
			Change
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ective date, if (	other than the date of	f filing:		(optional) e than 90 days after filing.)	
1 effective date is li	isted, the date must be spec	ific and cannot be prior	to date of filing or more	e than 90 days after filing.) requirements, this date v	Pursuant to 605.02 cill not be listed
<u>te:</u> If the date in cument's effectiv	e date on the Departme	nt of State's records		requirements, time date	
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	·	tiva data but ne	st an effective tir	me, at 12:01 a.m. c	n the earlier
record specif The 90th day	after the record is	filed.	A BIT ETTECTIVE CIT	ne, at 12.01 <b>d</b>	
22 October ted		2019			
6	7				
~~	12 21		orized representative o		

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Typed or printed name of signee

Filing Fee: \$25.00