

L12000010652

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

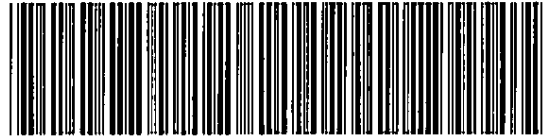
(Business Entity Name)

(Document Number)

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DIVISION OF INVESTIGATION
FBI - TAMPA

G. SIMMONS
OCT 16, 2018

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SKROLD INVESTMENTS 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:

ROMINA SCAMARONE

Name of Person

SKROLD INVESTMENTS LLC

Firm/Company

17389 SW 21 CT

Address

PEMBROKE PINES FL 33029

City/State and Zip Code

professionals.contact@gmail.com

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

For further information concerning this matter, please call:

ROMINA SCAMARONE

954

232-6358

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

SKROLD INVESTMENTS 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 01/23/2012 and assigned
Florida document number L12000010652.

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)

17389 SW 21 CT

PEMBROKE PINES FL 33029

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

17389 SW 21 CT

PEMBROKE PINES FL 33029

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:

ROMINA SCAMARONE

New Registered Office Address:

841 NW 170TH TERRACE

Enter Florida street address

PEMBROKE PINES

Florida 33029

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.

Romina Scamarone
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

Title	Name	Address	Type of Action
MGR	CHIARA SCAMARONE	841 NW 170TH TERRACE	<input type="checkbox"/> Add
		PEMBROKE PINES FL 33028	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	FRANCISCO SCAMARONE	841 NW 170TH TERRACE	<input type="checkbox"/> Add
		PEMBROKE PINES FL 33028	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	CARMEN ROLDAN	841 NW 170TH TERRACE	<input type="checkbox"/> Add
		PEMBROKE PINES FL 33028	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	FRANCO S SCAMARONE	841 NW 170TH TERRACE	<input type="checkbox"/> Add
		PEMBROKE PINES FL 33028	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	LUCIANO A SCAMARONE	841 NW 170TH TERRACE	<input type="checkbox"/> Add
		PEMBROKE PINES FL 33028	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

ROMINA SCAMARONE IS THE SOLE OWNER OF COMPANY.

FILED
OCT 16 AM 10:19
19

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


(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 OCTOBER 12, 2018


Signature of a member or authorized representative of a member
ROMINA SCAMARONE

Typed or printed name of signee