

L12 000038508

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

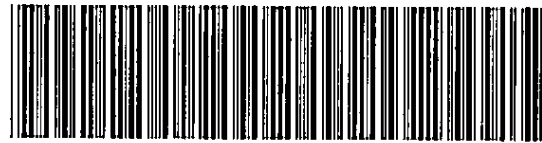
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APR 26 PM 4:03  
2019

APR 29 2019  
C. McNair

APR 29 2019  
C. McNair

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SCOTT FINANCIAL LLC  
Name of Limited Liability Company

219 APR 26 PM 4:54

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

PENELOPE LAGRAVE  
Name of Person

SCOTT FINANCIAL LLC  
Firm/Company

5315 SW 28 PLACE  
Address

CAPE CORAL, FL 33914  
City/State and Zip Code

torlon@comcast.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PENELOPE LAGRAVE at ( 239 ) 671-5045  
Name of Person Area Code 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/COURIER ADDRESS:  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

SCOTT FINANCIAL LLC  
(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

2010 APR 26 PM 4:54

The Articles of Organization for this Limited Liability Company were filed on 03/19/2012 and assigned  
Florida document number L12000038508.

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)**

5315 SW 28 PLACE  
CAPE CORAL, FL. 33914

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 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>
<del>AMBR</del>	PETER E LAGRAVE	5315 SW 28 PL	<del>Add</del>
MGR	REVOCABLE LIVING TRUST	CAPE CORAL FL 33914	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	PENELOPE GILMAN LAGRAVE	5315 SW 28 PL	<input type="checkbox"/> Add
	REVOCABLE LIVING TRUST	CAPE CORAL FL 33914	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

I want to change the ownership  
from PETER E & PENÉLOPE GILMAN LAGRAVE  
to PETER E LAGRAVE REVOCABLE TRUST  
&  
PENÉLOPE GILMAN LAGRAVE REVOCABLE TRUST

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 04/04/2019.



Signature of a member or authorized representative of a member

PENÉLOPE G. LAGRAVE

Typed or printed name of signee