# 113000002886

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# **COVER LETTER**

Division of Corpo	rations		
SUBJECT: <u>VQ1</u>	SCY C+D Name of Limite	, L L Company	
	nendment and fee(s) are subm	-	
	Amanda	Hinote-Grimm	1
	Watson	C+D, LLL Firm Company	
	13800 NE	State Road	<u>=</u> .
	Archer amandale v	City/State and Zip Code  SONCI - COV  be used for future annual report notification	on)
For further information con	cerning this matter, please call		
Amanda Hi	<u>notl-Gnww</u>		US ephone Number
Enclosed is a check for the  ☐ \$25.00 Filing Fee	following amount:  \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

## MAILING ADDRESS:

TO:

**Registration Section** 

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

(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 01/02/2013 and assigned Florida document number 1300000 2884.

C" or the abbreviation "L.	.L.C."
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### 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
Manager office	Renee Douglass	12890 NE State Road 2	U nad
Monada		Archer F1 32418	Remove
			Change
Marader Off	Amanda Hinote Grim	m 12890 NE State Road ZY	<b>p</b> (Add
Mari		truni F1 32018	Remove
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	delayed effective the record is filed		n effective time	, at 12:01 a.m.	on the	earlier o
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Page 3 of 3

Filing Fee: \$25.00