

L130000007593

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

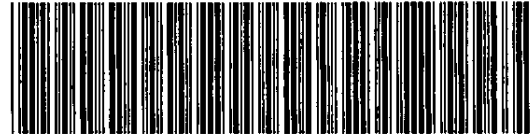
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

P

Office Use Only



100247810971

05/16/13--01026--002 **50.00

FILED

2013 MAY 16 PM 12:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Culligan MAY 17 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **SCARY, 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:

Christopher E. Mast, Esquire

Name of Person

Christopher E. Mast, P.A.

Firm/Company

1059 5th Avenue North

Address

Naples, Florida 34102

City/State and Zip Code

SCARYLLC@hotmail.de

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

For further information concerning this matter, please call:

Christopher E. Mast

Name of Person

at (**239 434-5922**)

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

FILED
2013 MAY 16 PM 12:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SCARY 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 01/15/2013 and assigned
Florida document number L13000007593.

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 end with 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)

1068 6th Avenue North

Naples, Florida 34102

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P.O. Box 681

Naples, Florida 34106

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:

Andy Nickel

New Registered Office Address:

1068 6th Avenue North

Enter Florida street address

Naples

City

Florida 34102

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

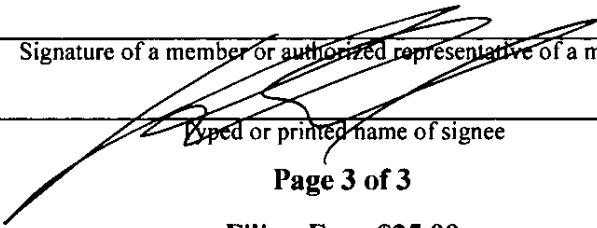
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Scott L. Gill	145B BRISTOL LANE	<input type="checkbox"/> Add
		NAPLES, FL 34112	<input checked="" type="checkbox"/> Remove
MGRM	Andy Nickel	P.O. Box 681	<input checked="" type="checkbox"/> Add
		Naples, FL 34106	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

Dated May 10, 2013.

Signature of a member or authorized representative of a member

Andy Nickel
Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
2013 MAY 16 PM 12:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA