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6/24/24

COVER LETTER

TO: Registration Sect Division of Corpo			
SUBJECT: SC&D NORT	TH MONROE LLC		
	Name of Lin	nited Liability Company	
The enclosed Articles of Ar	nendment and fee(s) are sub	omitted for filing.	
Please return all correspond	lence concerning this matter	to the following:	
	GEORGE W. HATCH, III		
		Name of Person	
	GUILDAY LAW, P.A.		
	<u> </u>	Firm/Company	
	1983 CENTRE POINTE E	BLVD, SUITE 200	
		Address	
	TALLAHASSEE, FL 3236	08	
		City/State and Zip Code	
	GEORGE@GUILDAYLAY	W.COM to be used for future annual report notifi	cation)
For further information con-	cerning this matter, please ca	-	,
GEORGE W. HATCH, III,	ESQ	at (850) 224-7091	
Name of P		Area Code Daytime	Telephone Number
Enclosed is a check for the	following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Sec Division of Cor P.O. Box 6327 Tallahassee, FL	porations	Street Address: Registration Section of Corp The Centre of Ta 2415 N. Monroe Tallahassee, FL:	orations : dlahassee : Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SC&D NORTH MONROE LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

(A Flonda Limite	a Liaonity Company)	
The Articles of Organization for this Limited Liability Compar	ny were filed on 04/24/	2013 and assigned
Florida document number L13000060526		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here	
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the desig	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office	e address on our reco	rds, enter the name of the new registeres
agent and/or the new registered office address here:	address of our reco	eds, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida	street address
		Florida Zip Code
	•	Zip Code
New Registered Agent's Signature, if changing Registered Agen		~>
I hereby accept the appointment as registered agent and as provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent as	te performance of my	duties, and I am familiar with and
being filed to merely reflect a change in the registered office		onfirm that the limited liability
company has been notified in writing of this change.		ია - ო
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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
MGRM_	SOLEBURY COFFEE & DONUTS	PO BOX 47107	□Add
		JACKSONVILLE, FL 32247	Remove
			□Change
MGR	RAJAN, SUNIL	PO BOX 47107	≣Add
		JACKSONVILLE, FL 32247	□Remove
			□Change
			□Remove
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		(0	optional)
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Filing Fee: \$25.00