114000069155

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(City/State/Zip/Phone #)
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COVER LETTER

TO:

	tration Secti on of Corpo			•
CHD ICCT.	5	CARLETH	RESEARCH, LLC.	
SUBJECT		Name of	Limited Liability Company	
The enclosed A	Articles of An	nendment and fee(s) are	submitted for filing.	
Please return a	II correspond	ence concerning this ma	utter to the following:	
		\mathcal{D}	LGA PEÑA	
			Name of Person	
		<u>-</u>	SERVITAX ALLOUNT	TNG SERV.
			Firm/Company	
		1925	E 4th Av +2 Address	
			City/State and Zin Code	-
		Sonit	City/State and Zip Code	com
For further info	ormation con	n-mail addr cerning this matter, plea		uncaton
		-		07 0 f
	Name of F	Person	at (<u>305</u>) <u>889</u> Area Code Dayti	me Telephone Number
Enclosed is a c	check for the	following amount:		
□ \$25.00 Fil	ing Fee	\$30.00 Filing Fee & Certificate of State	S55.00 Filing Fee & Certified Copy tadditional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
		G ADDRESS:	STREET/COUR Registration Sect	RIER ADDRESS:

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SCAPLETH RESEMPLOH LLC

(Name of the Limited Liability Company as it now appears on our records.)

(Name of the Limited Liability Company as it now appears on our records.)

(Name of the Limited Liability Company)

(Name of the Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on APPIL 28, 2014 and assigned Florida document number 214000069155 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 "ELC" 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 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

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>	Address	Type of Action
<u>AMBR</u>	MAYTE RIVERO	1925 E 4th AV+2 Haleah PL 33010	Add
		Haleah PL 33010	□ Remove
			□ Change
			□ Add
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			☐ Change
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•	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an ef <u>Note:</u>	ive date, if other than the date of filing:
If the re (b) The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	Signature of a member or authorized representative of a member
	Khely SANCHEZ Typed or printed name of signee
	Typed or printed name of signee

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Filing Fee: \$25.00