

LN4000078463

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(Address)

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(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

0001000

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SCB LIMITED LIABILITY COMPANY

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:

PAULA F. MONTOYA

Name of Person

JACKSON MONTOYA LAW FIRM

Firm/Company

5401 S. KIRKMAN RD, SUITE 310

Address

ORLANDO, FL 32819

City/State and Zip Code

PAULA@JMLAWMAIL.COM

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

For further information concerning this matter, please call:

PAULA F. MONTOYA

407 363-9020
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

SCB LIMITED LIABILITY COMPANY

(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 MAY 14, 2014 and assigned
Florida document number L14000078463.

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) _____

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>
MGRM	ANNA BEATRIZ L PODCAMENI	7901 KINGSPONTE PKWY	<input type="checkbox"/> Add
		SUITE 12	<input checked="" type="checkbox"/> Remove
		ORLANDO, FL 32819	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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NOTARY PUBLIC
STATE OF FLORIDA
16 NOV 11 PM 2:21
TALLAHASSEE, FLORIDA

AL

16 NOV 10 PM 4:
ALLAHASSEE, FLO

16 NOV 10 PM 4:21
DEPT OF STATE
TALLAHASSEE, FLORIDA

(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)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

Dated OCTOBER 13 2016

Signature of a member or authorized representative of a member

Anna Beatriz Luz Podcameni
Typed or printed name of signee

18 NOV 10 PM 4:21
DEPT. OF STATE
WASHINGTON, D.C.
FLORIDA

18 NOV 10 PM 4:21
LOCALITY OF STATION
TALLAHASSEE, FLORIDA

1. The first step is to identify the problem or question that needs to be answered. This involves understanding the context and the specific requirements of the task.

(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)

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 OCTOBER 13, 2016

Who Reads

Signature of a member or authorized representative of a member

SILVIO PODCAMENI

Typed or printed name of signee