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(Re	equestor's Name)	·
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
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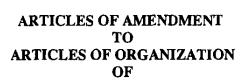
K.SALY EXAMINER FB 29

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: MAY	rice Scott, LLC	د	
	Name of Limi	ited Liability Company	
		•	
Please return all correspor	dence concerning this matter	to the following:	
	An	thony Italiano	
		Name of Person	
		Firm/Company	
	ריח	E. 9th Ave.	
		Address	
•	Tan	. FI , 33605	
For further information co			illeation)
	Division of Corporations CT: Maurice Scott, LLC Name of Limited Liability Company losed Articles of Amendment and fee(s) are submitted for filing. eturn all correspondence concerning this matter to the following: Anthony Italiano Name of Person Firm/Company TITE. 9th Auc. Address City/State and Zip Code a italiano Dewiconstruction.com E-mail address: (to be used for future annual report notification) her information concerning this matter, please call: Anthony Italiano Name of Person Area Code Daysime Telephone Number		
Name of	Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	e following amount:		
□ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy

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 Tailahassee, FL 32301





(Name of the Limited Lin (A Flo	bility Company as it now appears on o orda Limited Liability Company)	ur records.)	······································
The Articles of Organization for this Limited Liabilit Florida document number	y Company were filed on	8 14	and assigned
This amendment is submitted to amend the following	ş:		
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 designa	tion "LLC" or the a	bbreviation "L L C."
Enter new principal offices address, if applicable:	1717 6.0	1th Ave.	······································
(Principal office address MUST BE A STREET AL	DRESS) Tampa	F1 33605	
Enter new mailing address, if applicable:	1717 6.0	1th 19ve. Fl 38605	
(Mailing address MAY BE A POST OFFICE BOX	Tampa,	(1 33 001	
B. If amending the registered agent and/or registered agent and/or the new registered office a		records, enter	the name of the new
Name of New Registered Agent:	Elizabeth M. Au	147	
New Registered Office Address:	1505 N. Florida Enter Florida str		
	Tanpa	, Florida	33601
_	Ciry		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 Begistered Agent, Signature of New Begistered Agent

Page 1 of 3

ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)	7
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ote:	ve date, if other than the date of filing:	0207 (3)(b) d as the
rec The	ord specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earlie 90 th day after the record is filed.	er of:
ated .	2.22.16	
	Signature of a member or authorized representative of Thiepber	
		>
	Anthony Italiano	

Page 3 of 3

Filing Fee: \$25.00