L14000122630

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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15 JAN 21 AM 9:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

M. MILLIGAN
EXAMINER

FEB 2 2015

FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 10, 2014

SCANNIN SHALLOW GUIDE SERVICE LLC
ATTN: GIRALDO A PEREZ DE UTRERA
14491 SW 161 ST
MIAMI, FL 33177

SUBJECT: SCANNIN SHALLOW GUIDE SERVICE LLC
Ref. Number: L14000122630

We have received your document for SCANNIN SHALLOW GUIDE SERVICE LLC and your check(s) totaling $55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

To achieve the requested changes to the name of the registered agent and authorized person, the amendment form would be sufficient. The statement of change of registered agent/office form would have been sufficient to change the registered agent only, but would not have corrected the name of the authorized person. The amendment allows for both changes with one filing fee.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Michelle Milligan
Senior Section Administrator

Letter Number: 914A00026042

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Scannin Shallow Guide Service 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:

Giraldo A Perez de Utrera
Name of Person

Scannin Shallow Guide Service LLC
Firm/Company

14491 SW 161 STREET
Address

Miami, FL 33177
City/State and Zip Code

JP2436@YMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Giraldo Perez de Utrera at (786) 517-7261
Name of Person — 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

Scannin Shallow Guide Service LLC

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

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The Articles of Organization for this Limited Liability Company were filed on 8/5/14 and assigned Florida document number L14000122630

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) _____

_____

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

MGR = Manager
AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR	Giraldo A Perez de Utrera	14491 SW 161 ST	☒ Add
		Miami, FL 33177	☐ Remove
MGR	Giraldo A Utrera	14491 SW 161 ST	☐ Add
		Miami, FL, 33177	☒ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove

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

N/A

E. Effective date, if other than the date of filing: ASAP **(optional)**
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 1/13/15

Giraldo Perez de Utrera
Signature of a member or authorized representative of a member

Giraldo A Perez de Utrera
Typed or printed name of signee

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15 JAN 21 AM 9:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Filing Fee: $25.00