

L15000067848

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(Address)

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COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: FLORIDA SCOUT BALL, 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:

Katie Danielle Mercadante

Name of Person

FLORIDA SCOUT BALL, LLC

Firm Company

201 Echo Hollow Way

Address

Oviedo, FL 32765

City/State and Zip Code

kdmercadante@gmail.com

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

For further information concerning this matter, please call:

Joseph S Mercadante

407

443-1025

at (_____) _____

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**

FLORIDA SCOUT BALL, LLC

(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 04/17/2015 and assigned
Florida document number L150000678-48.

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:

Katie Danielle Mercadante

New Registered Office Address:

201 Echo Hollow Way

Enter Florida street address

Oviedo

Florida

32765

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.

Katie Mercadante

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>
AMBR	Joseph S. Mercadante	PO Box 150813	<input type="checkbox"/> Add
		Altamonte Springs FL 32715	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Kate Danielle Mercadante	201 Echo Hollow Way	<input checked="" type="checkbox"/> Add
		Oviedo, FL 32765	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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June 20 2017

Dated _____

Signature of a member or authorized representative of a member

Joseph S Mercadante

Typed or printed name of signee