L15000 122825

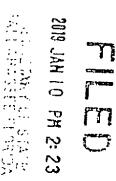
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
epositi (not solitorio to 1 ming offico).

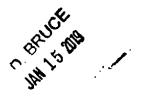
Office Use Only



800322871488

01/10/19--01009--019 *+60.06





COVER LETTER

Registration Section

Division of Corporations

Tallahassee, FL 32314

():

UBJECT: SC	ott's Fabricat	ion + Repair LLC		
	Amendment and fee(s) are sub			
ettie return arreerrespor	indence concerning and maner	to the following.		
		Franklin Scott	<u> </u>	
	Scott's Fabri	cation + Repair L	<u>LC</u>	
	57 57	Whiteoal Ln		
	Milton	FL 32570 City/State and Zip Code		
	franklinscott	@ scottsfahrication.	com	
r further information ec	ti-mail address: (oncerning this matter, please c		cation)	7
Franklin Scott		ar (<u>\$50</u>) <u>463-72</u>		
Name of	Person	Area Code Daytime	Telephone Number	
closed is a check for th	e following amount:		Ş. 23	
\$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)	
	NG ADDRESS:	STREET/COURIE		
	ntion Section of Corporations x 6327	Registration Section Division of Corpora Clifton Building		

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SCOTT'S FABRICATION & REPAIR, LLC

	ny as it now appears on our records.) iability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 07/17/15	and assigned
lorida document number L15000122825		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	lity company here:	
he new name must be distinguishable and contain the words "Limited Liabil	ty Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		22
Principal office address MUST BE A STREET ADDRESS)		
		- 3
		THE IT
Enter new mailing address, if applicable:		00 2 2
Mailing address MAY BE A POST OFFICE BOX)		
		· · · · · · · · · · · · · · · · · · ·
3. If amending the registered agent and/or registered of registered agent and/or the new registered office address here. Name of New Registered Agent:	fice address on our records,	enter the name of the nev
New Registered Office Address:	Enter Florida street address	
	, Flor	rida
New Registered Office Address:		ridaZip Code
	City , Flor	Zip Code

If Changing Registered Agent, Signature of New Registered Agent

f amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added r removed from our records:

4GR = Manager MBR = Authorized Member

<u> </u>	<u>Name</u>	Address	Type of Action
MGR	Sidney Toll Mathis	4460 Angie Ln	<u>t</u> Add
	Sidney Toll Mathis	Pace FL 32571	Remove
			☐ Change
		<u> </u>	□ Remove
			□ Change
	- 		
			□ Remove
			Change
			A Remove
			☐ Remove
			Change
			Add
		 	Remove
			Change

				<u>-</u>		_
						_
		_				_
						_
				<u> </u>		_
			 -			
				_		_
	_ _					_
						_
						-
						_
				<u></u>	2019 .	— —
				70 *		- i
				χ. Ο	第一	7-
					PA	_ក
	 -					_ (
				ز بر 	2 2 3	
				<u>ئ</u> ـ	بت ٠,	
rective date, if other than the date of for a effective date is listed, the date must be specificate: If the date inserted in this block does be current's effective date on the Department.	ic and cannot be prior not meet the applic	able statutory f	or more than 90 day			
record specifies a delayed effection The 90th day after the record is fil	led.				the ear	lier of
January 2 nd January 2 nd January 3 nd Signature	. 2019	·				
to day the	174					
Signature	of a member or auth	orized representa	tive of a member			

Page 3 of 3

Filing Fee: \$25.00