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(Re	equestor's Name)	-
(Ac	ddress)	
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## **COVER LETTER**

TO:

ΓΟ: Registration S Division of Co			
SCARCO	INVESTMENTS LLC (N	ame Chunge)	
,outre	Name of Lim	ited Liability Company	
		Name of Limited Liability Company  Internal and fee(s) are submitted for filing. Internal and fee(s) are submitted for filing. Internal and fee(s) are submitted for filing.  Internal and fee(s) are submitted for f	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Phil Scarlata		
		Name of Person	
	Scarco Investments LLC		
		Firm/Company	
	3812 N University Drive		
	· · · · · · · · · · · · · · · ·	Address	
	Coral Springs FL 33065		
		City/State and Zip Code	
	Scarcoinv@gmail.com		
	E-mail address: (	to be used for future annual report not	ification)
For further information	concerning this matter, please co	all:	
Phil Scarlata		= -	
Name	of Person		ne Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
Mailing Addr			ection
Registration Section Division of Corporations		<del>-</del>	
P.O. Box 63	27	The Centre of	Tallahassee
Tallahassee.	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SCARCO INVESTMENTS L.L.C.	<u> 2020 j</u>	31 011 0
(Name of the Limited Liability C (A Florida Lin	Company as it now appears on our mited Liability Company)	records.) 2:
The Articles of Organization for this Limited Liability Com-	spany were filed on $\frac{12/01/2015}{12}$	and assigned
Florida document number L15000200798		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
SCARCO AUTO TRANSPORT LLC		
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 ADDRES	<u> </u>	
Enter new mailing address if applicables		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	<del></del>	
	<del></del>	
B. If amending the registered agent and/or registered of	ffice 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:		
Trom trogistered office / twistos.	Enter Florida street	address
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered A	gent:	
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and comaccept the obligations of my position as registered agent being filed to merely reflect a change in the registered company has been notified in writing of this change.	plete performance of my dut nt as provided for in Chapter	ies, and I am familiar with and 605, F.S. Or, if this document is

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 or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>l'itle</u>	<u>Name</u>	Address	Type of Action
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effective date is listed, t e: If the date inserted	the date must be specific and call in this block does not meed on the Department of Sta	annot be prior to date of et the applicable stat	filing or more than 90 utory filing requirem	days after filing.) Pursuant	to 605.020 e listed a
ord specifies a delaye filed.	ed effective date, but not ar	n effective time, at 13	2:01 a.m. on the earl	ier of: (b) The 90th day	after the
ed		2020			
		X_/			<del></del>
	Signature of a me	imber or authorized rep	resentative of a member	er	