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S. WARREN 'JUN 3 0 2017

COVER LETTER

то:	Registration Se Division of Cor			
SUBJ	ECT:	SCOOTER SHUTT Name of Limi	LE COMPANY LLC ited Liability Company	
The er	nclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please	return all correspo	ondence concerning this matter t	to the following:	
		SETH I	Name of Person	·
		THEc	Pirm/Company	
		509	AUASTASIA BLVO. Address	
		ST. A Sdingle E-mail address: (1	City/State and Zip Code City/State and Zip Code C Dell south. net o be used for future annual report not	OBO
For fu	rther information c	oncerning this matter, please ca	ill:	
	SETH O. Name o	CORNEAL Person	at (<u>904</u>) <u>819 ~ 9</u> Area Code Daytir	ne Telephone Number
Enclos	sed is a check for t	he following amount:		
⊠ \$2	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

(Name of the Limited Liability Comp (A Florida Limited	DANY AS IT NOW ADDRESTS Liability Company)	on our records.)
The Articles of Organization for this Limited Liability Compan		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company he	re:
The new name must be distinguishable and contain the words "Limited Lial	bility Company," the de	signation "L.L.C" 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 registered agent and/or the new registered office address he		our records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Flori	ida street address
	City	, Florida Zip Code
New Registered Agent's Signature, if changing Registered Agen	•	ар сош
I hereby accept the appointment as registered agent and as provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	- gree to act in this c te performance of s provided for in C	my duties, and I am familiar with and hapter 605, F.S. Or, if this document is

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 = A	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	RONALD MARTIN	340 DASHINE ROAD	
		SAINT AUGUSTINE, FL 32086	Remove
			Change
AMBR	ROHALD MARTIN	340 JASHINE ROAD	
		SAINT AUGULTINE, FL 32086	Remove
			Change
			□ Add
			☐ Remove
			Change
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			□ Remove
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un effective date is liste	her than the date ed, the date must be spe erted in this block do	ecific and cannot be p	rior to date of filing or	r more than 90 days af	ter filing.) Pu his date wil	irsuant tu Lnot be	5 605.02 Histeri
ocument's effective	date on the Departn	ent of State's reco	rds.	ing requirements. (ins date wit		11.700
	s a delayed effe		not an effective	e time, at 12:01	a.m. on	the e	arlier
The 90th day af	fter the record is	; filed.					
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	Signat	uro of a member or a	inhorized representat	ive of a member		_ ≅ _	
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Filing Fee: \$25.00