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COVER LETTER

TO: Registration Se Division of Cor			**
SUBJECT:	Scritiz	Construction U	<u>LC</u>
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	7. 2
	Adrian	Middleton	TITE TO
	Middleton +	Name of Person Middleton P.A. Firm Company	
	1469 Ma	Het St.	
	Tollahosse	e, FL 32317	
	adrian Ofice E-mail address: (City/State and Zip Code City/State and Zip Code City/State and Zip Code City/State and Zip Code City/State and Zip Code	scation)
For further information c	oncerning this matter, please co	all:	
adrian Middle	e-tou f Person		2465 Telephone Number
Enclosed is a check for th	ne following amount:		
S25.00 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 Tailahassee, 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

_ Scritiz Lov	Istruction UC
(<u>Name of the Limited Lia</u> (A Flo	ibility Company as it now appears on our records.) orida Limited Liability Company)
The Articles of Organization for this Limited Liabilit	
This amendment is submitted to amend the following	y.
A. If amending name, enter the new name of the l	limited liability company here:
	8
The new name must be distinguishable and contain the words "	Limited Liability Company," the designation "LLC" or the abbreviation "L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET AD	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or re registered agent and/or the new registered office a	egistered office address on our records, enter the name of the new address here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida

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 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 Title Address **Type of Action** 34785 ☐ Change □ Add ☐ Remove Change > _D,Remove 0 □ Change □ Add □ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change

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Effective date, if other than the date of filing: fan effective date is listed, the date must be specific and cannot be p Note: If the date inserted in this block does not meet the ap	prior to date o	of tiling or mor tutory filing	e than 90 days	optional) after filing.) Po	ursuant to 6	
document's effective date on the Department of State's reco		, ,				
ne record specifies a delayed effective date, but	not an e	ffective tir	ne, at 12:0	01 a.m. on	the ear	lier o
The 90th day after the record is filed.						
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The 90th day after the record is filed.	9	7				

Page 3 of 3

Filing Fee: \$25.00