(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
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## **COVER LETTER**

TO:	Registration of	on Section Corporations		
SUBJE	Doug :	Scott Construction, LLC		
30000	<u>-</u>	Name of Li	mited Liability Company	
		es of Amendment and fee(s) are surespondence concerning this matter	_	
		Doug Scott		
			Name of Person	
			2	
			Firm/Company	
		3604 Battery Court		
		<u> </u>	Address	
		Tallahassee, Florida 3230	98	<b>3</b> . PE
		janescott@psbionline.com	City/State and Zip Code	17 HAR 20. PH 12: 03
			(to be used for future annual report notif	ication)
For furth	er informati	on concerning this matter, please	call:	7
Doug Sc	ott		850 519-4278	A3 20 PH 12: 03
	Nar	me of Person	at () Area Code Daytime	Telephone Number
Enclosed	is a check f	or the following amount:		
□ <b>\$2</b> 5.0	00 Filing Fed	\$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)
		AILING ADDRESS:	STREET/COURI	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Doug Scott Construction, LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	<del></del>
The Articles of Organization for this Limited Liability Company	were filed on March 15, 2017	and assigned
Florida document number <u>L 17 0000 59 7 1 4</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Doug Scott Enterprises, LLC		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the a	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	3604 Greens Battery Court	
(Principal office address MUST BE A STREET ADDRESS)	Tallahassee, Fl 32308	
		- 29
		3 5
Enter new mailing address, if applicable:		2 50 mg
Mailing address MAY BE A POST OFFICE BOX)	·,	Programme in the contract of t
	<u> </u>	PH Po
		· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		the name of the new
registered agent and/or the new registered office audress here	<b>4</b> •	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	
	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.

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 = A	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
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Effective date, if other than the date fan effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Depart	specific and cannot be produced the app	rior to date of filing dicable statutory	or more than 90 days	optional) after filing.) Pursuant , this date will not b	to 605.0207 oc listed as t
e record specifies a delayed ef The 90th day after the record	fective date, but is filed.	not an effectiv	ve time, at 12:0	)1 a.m. on the	earlier of:
Dated March 19	, 2017				
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Page 3 of 3

Filing Fee: \$25.00