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(Re	questor's Name)	
(Ad	dress)	
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(Cit	ry/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL .
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(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO:	Registration Se Division of Cor				
/11 (P) 113		AND SIP LLC			
Name of Limited Liability Company					
The enc	closed Articles of	Amendment and fee(s) are sub	mitted for tiling.		
Please r	eturn all correspo	ndence concerning this matter	to the following:		
		Justin Luke			
		SCRATCH AND SIP LLC	Name of Person		
		1241 Olde Bailey Lane	Firm/Company		
		West Melbourne, FL 3290	Address		
		jmluke0@gmail.com	City/State and Zip Code		
		E-mail address: (to be used for future annual report notif	ication)	
For furt	her information co	oncerning this matter, please co	all:		
Justin 1			at () 543-7246 Area Code Daytime		
	Name o	f Person	Area Code Daytime	Telephone Number	
Enclose	ed is a check for th	ne following amount:			
≅ \$25	i,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

SCRATCH AND SIP LLC

company has been notified in writing of this change.

FILED

2018 OCT -4 PM 4:51

		ida
_	Enter Florida street address	
New Registered Office Address:		
Name of New Registered Agent:	Ashley Luke	
 If amending the registered agent and egistered agent and/or the new registered or 	Nor registered office address on our records, office address here:	enter the name of the
Mailing address MAY BE A POST OFFICE	<u> </u>	
inter new mailing address, if applicable:		
Principal office address MUST BE A STREE	ET ADDRESS)	
nter new principal offices address, if appli		
he new name must be distinguishable and contain the	words "Limited Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
right Kids of Palm Bay LLC		· · · · · · · · · · · · · · · · · · ·
. If amending name, <u>enter the new name o</u>	of the limited liability company here:	
his amendment is submitted to amend the fol	lowing:	
lorida document number 1.17000130356	·································	

If Changing Registered Agent, Signature of New 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

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Ashley Luke	1241 Olde Bailey Lane	
			= Add
		West Melbourne, FL 32904	
			☐ Remove
			Change
			□ n
			□ Remove
			Change
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			□ Remove
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		 	Remove
			5
			Change

ffective date, if other than the date of filing an effective date is listed, the date must be specific and store: If the date inserted in this block does not mocument's effective date on the Department of St	g:
e record specifies a delayed effective do The 90th day after the record is filed.	date, but not an effective time, at 12:01 a.m. on the earlier
pated 1 October.	2018
ps	pe

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00