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2020 AUG 24 AM 8: 22
SECRETARY OF STATE
TALLAHASSEE, FL



COVER LETTER

TO:

Registration Section

Div	ision of Cor	porations		
	S-scape Ma	nagement Company, LLC		
SUBJECT:		Name of Limited Liability Company		
T				
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Tristan Seitz		
			Name of Person	
		S-scape Management		
			Firm/Company	
		19 Bahia Tree		
			Address	
		Ocala FL 34472		
			City/State and Zip Code	
		sscapesmanagement@gmai	LCOM to be used for future annual report in	
For further in	iformation c	oncerning this matter, please c	·	uncanon
Tristan Seitz	:		503 804-2708	
	Name o	f Person	at () Area Code Dayti	me Telephone Number
Enclosed is a	check for th	ne following amount:		
≡ \$25.00 F	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)
	iling Addres	-	Street Address: Registration S	ection
Registration Section Division of Corporations			Registration Section Division of Corporations	
P.O. Box 6327			The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monr	2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FILED

2020 AUG 24 AM 8: 22

S-scape Management Company, LLC

(Name of the Limited Liability Company as it now appears on our records)

(A Florida Limited Liability Company)

[A Florida Limited Liability Company]

[A Florida Limited Liability Company]

This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company." the designation "LLC" or the 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 office address on our records, enter the agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	
Florida document numberL18000017201 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the 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 office address on our records, enter the agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	and assigned
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New Registered Office Address: New Registered Office Address:	
New Registered Office Address: New Registered Office Address:	
New Registered Office Address:	name of the new regist
New Registered Office Address:	
New Registered Office Address:	
New Registered Office Address.	
Enter Florida street address	
Florid	a
, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
l hereby accept the appointment as registered agent and agree to act in this capacity. I furthe	r agree to comply with

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Kristina Scitz	3035 SE Maricamp Rd #104-123	□Add
		Ocala FL 34471	=Remove
			(Change
		· · · · · · · · · · · · · · · · · ·	
			□Remove
			Change
			□Add
			□Remove
		Change	
			□Add
		□Remove	
			Change
		□ Add	
		□Remove	
		Change	
			□ Add
			Remove
			Change

D. If amending any other inform	ation, enter change(s) here: (Attach additional sheets, if necessary.)
	
	
	
 	
E. Effective date, if other than the (If an effective date is listed, the date me Note: If the date inserted in this bedocument's effective date on the I	ist be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3) to clock does not meet the applicable statutory filing requirements, this date will not be listed as the
f the record specifies a delayed effecti ecord is filed.	ve date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated 21 August	, 2020
Kusty 1/3 à	Signature of a member or authorized representative of a member
Kristina H Seitz	V

Filing Fee: \$25.00

Typed or printed name of signee