118000023937

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
, , , , ,
PICK-UP WAIT MAIL
(0)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer
Special measure to 7 mag and an
(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)

Office Use Only



200308404982

02/05/18--01016--003 **25.00

18 FEB -5 AM 7: 56

FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA

COVER LETTER

SUBJECT: AP	AA Scannas	ters //C	
3003DCT:	Nume of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspo	ndence concerning this matter t	to the following:	
Division of Corporations SUBJECT: AAA Scrapmasters LLC Nume of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Eric Lufts Name of Person AAA Scrapmasters LLC First Company A A Scrapmasters LLC First Company Address Orlando, FL 32877 City/State and Zip Code Shedman 9088 A amas Liom E-mail address: (to be used for filture-dinual report notification) For further information concerning this matter, please call: Ecic Aufts Name of Person at 407 461-3458 Daytime Telephone Number Enclosed is a check for the following amount: D \$25.00 Filing Fee \$ 30.00 Filing Fee & Certificate of Status & Certificate Only & Certificate of Status & Certificate Status & Certificat			
	AAA :	Scrapma, sters L	1.2
	2702 C	leburne Rd Address	
	Orlando	FL 328/7 City/State and Zip Code	
	Shedman 9 E-mail address: (t	068 Gy 9 mas 1. Co be used for future annual report notific	cation)
For further information co	oncerning this matter, please ca	dk:	
Eric Name of	Person	at (407) 461-1 Area Code Daytime	3458 Telephone Number
Enclosed is a check for th	e following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status &

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)	OPMOSTER Liability Company a Florida Limited Liabi	S LL C s it now appears or lity Company)	n our records.)		
The Articles of Organization for this Limited Liabi Florida document number <u>L1800002</u>		re filed on/	126/18	and assigned	
This amendment is submitted to amend the following	ng:				
A. If amending name, enter the new name of th	e limited liability	company here:	:		
The new name must be distinguishable and contain the word	s "Limited Liability (Company." the desig	nation "LLC" or the abbr	eviation "L.L.C."	
Enter new principal offices address, if applicable	e:				-
(Principal office address MUST BE A STREET A	ADDRESS)			18 FEB	segae]
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>			-5 AH 7: 56	ARY OF STATE
B. If amending the registered agent and/or registered agent and/or the new registered office		address on ou	ur records, <u>enter th</u>	ne name of th	e new
Name of New Registered Agent:					
New Registered Office Address:		Enter Florida	street address		
			, Florida		
•		City	·	Zip Code	
New Registered Agent's Signature, if changing Reg	istered 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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
MGR	Eric K. Curtis	2702 Cleburne Rd	_ ₽ Add
		2702 Clebuine Rd Orlando, Fl 32817	Remove
			Change
		 	Add
		 	Remove
			Change
			□ Remove
			Change
			Remove
		****	Change
			☐ Remove
			Change
			Add
		 	□ Remove
			□ Change

-		
•		
-		
-		
-		
	18	AL
•	EB	AH
-	· · · · · · · · · · · · · · · · · · ·	CCA
	7: 56	
•		•
-		
•		•
an ef lote:	ive date, if other than the date of filing: 2/2/18 (optional) fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 60: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list ment's effective date on the Department of State's records.	5.0207 ed as
	cord specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earlies 90th day after the record is filed.	er of
	February 2nd, 2018,	
Dated		

Page 3 of 3

Filing Fee: \$25.00