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T. CLINE AUG 13 2618 **EXAMINER** 

COVER LETTER

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**'TO: 'Registration Section** Division of Corporations



The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:



For further information concerning this matter, please call:

ilbert Jr. at (<u>863</u>) <u>837-0407</u> Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

□ \$25.00 Filing Fee

□ \$30.00 Filing Fee & Certificate of Status \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) S60.00 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

้ร Scapino (Name of the Limited Liability Company as it not appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on July 14,2018 and assigned

Florida document number L18000170356

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 abbreviation "LLC"

Enter new principal offices address, if applicable:	<u> </u>
(Principal office address MUST BE A STREET ADDRESS)	120 - 120 
	÷
Enter new mailing address, if applicable: <u>(Mailing address MAY BE A POST OFFICE BOX)</u>	<u> </u>
	<u> </u>

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new</u> registered agent and/or the new registered office address here:

بالساليا العرب المستري والمراجعة والمراجعة والمراجع والمراجع	bert JR.
403 Lake bais	a br.
Sinter Haven	Florida
)	Enter Florid

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, <u>enter the title, name, and address of each person</u> <u>being added</u> <u>or removed from our records</u>:

. MGR = Manager AMBR = Authorized Member

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۰,

Title	Name	Address	<u>Type of Action</u>
AMBR	Jacquelyn Gilbert	403 Lake Daisy Dr.	Add
	ille Name MBR Jacquelyn-Gilbert, BR Dennis Gilbert,	Winder Haven FL 33884	Remove
AM <u>BR</u>		Jr. 403 Lake Drisy D	Change
		Winter Haven, Fl:	33884 🗆 Remove
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• D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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## E. Effective date, if other than the date of filing: \_\_\_\_\_\_ (optional) (If an effective 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 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated August 3, 2018.

Dennis Gilbert JR Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00