

L18000239 745

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

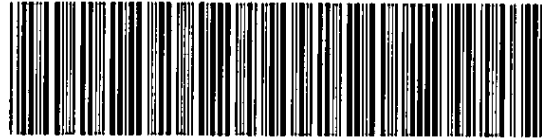
(Business Entity Name)

(Document Number)

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2019 SEP 18 AM 11:23

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SCOTT MOGLER SERVICES LLC

Name 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:

SCOTT MOGLER

Name of Person

SCOTT MOGLER SERVICES LLC

Firm/Company

1657 SE NORTH BLACKWELL DR

Address

PORT ST LUCIE, FL. 34952

City/State and Zip Code

STM7777@LIVE.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SCOTT MOGLER

772 233-8089
at ()

Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

SCOTT MOGLER SERVICES LLC

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

2018 SEP 18 AM 11:23

The Articles of Organization for this Limited Liability Company were filed on 10/10/2018 and assigned
Florida document number L18000239745.

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

SCOTT MOGLER

1657 SE NORTH BLACKWELL DR

PORT ST LUCIE, FL 34952

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1657 SE NORTH BLACKWELL DR

PORT ST LUCIE, FL 34952

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

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 = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Scott Mogler	1657 se north Blackwell Dr. Port St Lucie fl 34952	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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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.

Dated September 17, 2019

Signature of a member or authorized representative of a member

Typed or printed name of signer