

U8000242294

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

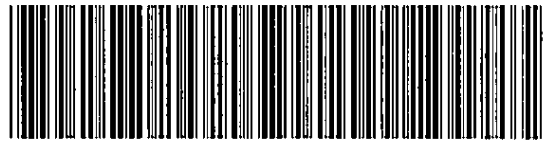
(Document Number)

Certified Copies ☒

Certificates of Status ☒

Special Instructions to Filing Officer:

Office Use Only



800331578458

07/17/19--01012--003 **65.00

60.00

S TALLENT

AUG 20 2019

SECRETARY OF STATE
FILED

2019 AUG 19 AM 8:30

FILED

Amador
W/C



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 25, 2019

SHELLY NAVARRETE
SCNAV CONSULTING LLC
12784 CHETS CREEK DR. NORTH
JACKSONVILLE, FL 32224

SUBJECT: SCNAV CONSULTING LLC
Ref. Number: L18000242294

We have received your document and check(s) totaling \$65.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

PAGES 2 AND 3 OF 3 WERE NOT SUBMITTED. PLEASE COMPLETE PAGE 3 OF 3 AND MAKE NECESSARY CHANGES IF NEEDED.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent
Regulatory Specialist II

Letter Number: 619A00015153

RECEIVED

2019 AUG 19 PM 1:29

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SCNAV CONSULTING 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:

Shelly Navarrete
Name of Person

SCNAV CONSULTING LLC
Firm/Company
Old: 3407 Flamanks Grant Rd North - JAYFL 32222
New: 12784 Chets Creek DR. NORTH
Address

JACKSONVILLE FLORIDA 32224
City/State and Zip Code

SNAVCONSULTING@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Shelly C Navarrete at 904 708-3308
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input 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**

SCNAV Consulting LLC

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

The Articles of Organization for this Limited Liability Company were filed on October 15, 2018 and assigned Florida document number L18000242294

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

SCNAVA Consulting LLC ✓

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:

(Principal office address MUST BE A STREET ADDRESS)

12784 Chets Creek DR. North
JACKSONVILLE Florida
32224

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 name of the new registered agent and/or the new registered office address here:

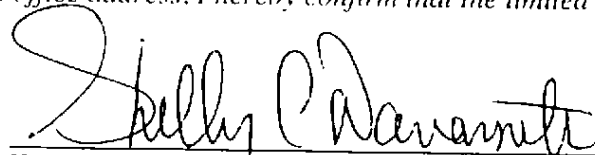
Name of New Registered Agent:

New Registered Office Address:

12784 Chets Creek DR North
Enter Florida street address
JAX, Florida 32224
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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

address change: eff 4/1/19

12784 Chets Creek Drmi North
Jacksonville, FLORIDA 32224

83-2550262

E. Effective date, if other than the date of filing: 11/15/2018 (optional)

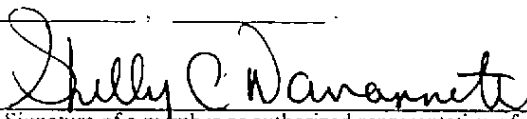
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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

8/8/2019



Signature of a member or authorized representative of a member

Shelly C Navarrete

Typed or printed name of signee