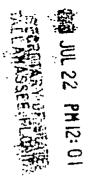
# 118000 245489

(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



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### **COVER LETTER**



## **DIVISIONS OF CORPORATIONS**

Daytime Phone number: 239-849-1481

Return address:

John Nash

4971 Viceroy St. Unit 1

Cape Coral, FL 33904

Reason: Amendment to business name.

Check inclosed



# **COVER LETTER**

	ision of Corpo			
SUBJECT:	Scaredy Cat I	Productions LLC		
SOBJECT.		Name of Lim	uited Liability Company	
		mendment and fee(s) are sub	, and the second	The state of the s
		John Nash		₹34
			Name of Person	<del></del>
		Scaredy Cat Productions L	LC	
			Firm/Company	<del></del>
		4971 Viceroy St. Unit 1		
			Address	<del></del>
		Cape Coral / Florida 3390	4	
		jnreads0ne@gmail.com	City/State and Zip Code	
		E-mail address: (	to be used for future annual report notifica	ation)
For further in	formation con	cerning this matter, please ca	all:	
John Nash			239 8491481 at ( )	
	Name of P	erson		elephone Number
Enclosed is a	check for the	following amount:		
\$25.00 F		■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**MAILING ADDRESS:** 

TO:

Registration Section

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

Scaredy Cat Productions LLC

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

- , , ,	were filed on	and assign
Florida document number L18000245489		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
Midnight Web Design LLC		
The new name must be distinguishable and contain the words "Limited Liabil	ty Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		<u> </u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		ter the name of the nev
Name of New Registered Agent:		ter the name of the nev
registered agent and/or the new registered office address here	:	ter the name of the nev
Name of New Registered Agent:	Enter Florida street address	
Name of New Registered Agent:	:  Enter Florida street address , Florida	
Name of New Registered Agent:	Enter Florida street address	

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
	<del></del>		
			Remove
			☐ Change
		<del></del>	DbA D
			Remove
			Change
<del></del>			Add
			□ Remove
			Change
			□ Remove
		<del>-</del>	
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		<del></del>	☐ Remove
			☐ Change
		<del></del>	
		<del>-</del>	Remove
			☐ Change

	ending any other information, enter change(s) here: (Attach additional sheets, if hecessary.)
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E.	
(If an eff Note:	ive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	7/17/19
	Signature of a member or authorized representative of a member
	John Patrick Nash  Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00