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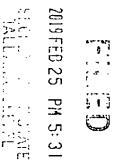
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificate:	s of Status
Special Instructions to	Filing Officer:	

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R. WHITE MAR 0 4 2019

## **COVER LETTER**

	legistration Section Section of Corp		•	
centra	Skeeter Bea	ter LLC	•	
SUBJECT	l:	Name of Limi	ited Liability Company	
The enclos	sed Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please rett	irn all correspo	ndence concerning this matter	to the following:	
		Nicholas Gardner		
		Skeeter Beater LLC	Name of Person	
			Firm/Company	
		3311 Calle Del Mar		
		Melbourne, FL 32904	Address	
		gardner6172@gmail.com	City/State and Zip Code	
		E-mail address: 0	to be used for future annual report notific	ation)
For further	r information co	oncerning this matter, please ca	ıll:	
Nicholas (	Gardner		757 575-0352 at()	
	Name o	f Person	at ()Area Code Daytime "	Felephone Number
Enclosed i	is a check for th	ne following amount:		
□ \$25.00	) Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	■ \$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 ARTICLES OF ORGANIZATION OF

Skeeter Beater LLC

2019 FEB 25 PM 5: 31

t now appears on our recory Company)	and assigned	
ompany here:	and assigned	
npany," the designation "LL	.C" or the abbreviation "L.L.C."	
	ds, enter the name of the	
Enter Florida street address		
. F	Florida	
ity	Florida Zip Code	
2	address on our recor	

Thereby 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>Títle</u>	<u>Name</u>	Address	Type of Action
MGR	SHELLY GARDIER	3311 CALLE DEL MAR	<b>⊠</b> ∕Add
		MELBOURNE FL 32904	□ Remove
			□ Change
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(If an et <u>Note:</u>	tive date, if other than the diffective date is listed, the date must be If the date inserted in this blochent's effective date on the Dep	be specific and cannot ck does not meet the	e applicable statuto	ng or more than 90 days a		
the re	ecord specifies a delayed e 90th day after the recor	effective date, t rd is filed.	but not an effec	tive time, at 12:0	1 a.m. on the earlie	er of:
Dated	14 FES 2019					
	- ///	///				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00