

| (Requ | uestor's Name) | |
|----------------------------|-----------------|-------------|
| (Addr | ess) | |
| (Addr | ess) | |
| (City/ | State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Busi | ness Entity Nar | ne) |
| (Docu | ument Number) | |
| Certified Copies | Certificates | s of Status |
| Special Instructions to Fi | ling Officer: | |
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Office Use Only



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2019 HAR 22 PM 6: 58

C. GOLDEN

APR -2 2019

COVER LETTER

| Div | ision of Corpe | orations | | |
|---------------|-----------------|---|---|---|
| SUBJECT: | SCARLETT | ROADSIDE ASSISTANCE | LLC | |
| oobone 1. | | Name of Lim | ited Liability Company | |
| | | | | |
| The enclosed | d Articles of A | mendment and fee(s) are sub- | mitted for filing. | |
| Please return | all correspond | dence concerning this matter | to the following: | |
| | | JOSHUA T. SCARLETT | | |
| | | | Name of Person | |
| | | | | |
| | | | Firm/Company | <u> </u> |
| | | 15100 SW 122 AVENUE, | APT. 1212 | |
| | | | Address | |
| | | MIAMI, FL 33186 | | |
| | | MQPMIAMIFL@GMAIL. | City/State and Zip Code COM | |
| | | E-mail address: (| to be used for future annual report notifi | cation) |
| For further i | nformation cor | ncerning this matter, please ea | all: | |
| JOSHUA T. | SCARLETT | | 786 760-3500 | |
| | Name of I | Person | Area Code Daytime | Telephone Number |
| Enclosed is | a check for the | following amount: | | |
| □ \$25.00 H | 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:

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

FILED

2019 MAR 22 PM 6:58

SCARLETT ROADSIDE ASSISTANCE 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 | vere filed on 2/18/2019 | and assigned |
|--|--|--|
| Florida document number L19000047275 | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liabil | ity company here: | |
| The new name must be distinguishable and contain the words "Limited Liability Contains the words "Liability Contains the words " | y Company," the designation "LL | .C" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDRESS) | | |
| | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| | | |
| B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here | | ds, enter the name of the new |
| Name of New Registered Agent: | , | |
| New Registered Office Address: | | |
| | Enter Florida street addr | 622 |
| | City F | Florida Zip Code |
| New Registered Agent's Signature, if changing Registered Agent: | Ciţ | гір Сіяге |
| | | |
| I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as publing filed to merely reflect a change in the registered office of company has been notified in writing of this change. | performance of my duties, or rovided for in Chapter 605 | and I am familiar with and 5, F.S. Or, if this document is |
| If Chans | zing Registered Agent, Signatur | e 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> | Type of Action |
|--------------|--------------------|--|----------------|
| MGR | JOSHUA T. SCARLETT | 10365 SW 146 TERRACE. MIAMI, FL 33176 | Add |
| | | | |
| | | | Change |
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| | | | Remove |
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| Note | tive date, if other than the date of filing: MACH 19 2019 (optional) flective 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 605.020 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a nent's effective date on the Department of State's records. |
|---------------------|---|
| | |
| If the re (b) Th | cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier can be solved after the record is filed. |
| Dated | MARCH 1 1 2019 |
| Date | · |
| | |
| | |

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Typed or printed name of signee

Filing Fee: \$25.00