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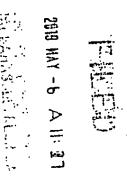
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Office Use Only



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## **COVER LETTER**

TO: Registration Sec Division of Corp			• 8
SUBJECT:	Ingela Tree	SCOT+UC ited Liability Company	
The enclosed Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	Angela	to the following:    Cot     Name of Person	
		Firm/Company	
	1017 Ade	Line Ave	
	Lehigh A	Cres # 32 City/State and Zip Code	<u>8971</u>
	E-mail address: (t	o be used for future annual report	notification)
For further information of Angela Name of	rascott Person	at (239) 82	6-U30Z ytime Telephone Number
Enclosed is a check for th	e 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 TO ARTICLES OF ORGANIZATION OF

Or
Liability Company as it now appears on our records:) Florida Limited Liability Company)
ility Company were filed on 41019 and assigned
ing:
e limited liability company here:
s "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
e:
ADDRESS)
<u></u>
registered office address on our records, <u>enter the name of the new</u> e <u>address here</u> :
<del>.</del>
Enter Florida street address
Emer r toriau street adaress
, Florida

#### 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>	Name	Address	Type of Action
mgr	Anglatrescott	1017 Arlding Airelohigh Pr 7133971	NO Add
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Note: If the	te, if other than the date is listed, the date must date inserted in this blo ffective date on the De	ick does not meet (	the applicable sta	of filing or more than itutory filing requir	(optional) 90 days after filing.) I rements, this date w	Pursuant to 605,0207 ( ill not be listed as t
ne record s The 90th	pecifies a delayed day after the reco	effective date ord is filed.	, but not an e	ffective time, a	it 12:01 a.m. o	n the earlier of:
Dated <u></u>	ay 1 st	0.	8019.			
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	•	signature of a memi	er or aumorized re	presentance or a me		

Page 3 of 3

Filing Fee: \$25.00