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COVER LETTER

TO:

TO: Registration Se Division of Cor			
SUBJECT:	SCBYPETER, L	LC	
3000ECT.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	PETER	STEWART	
		Name of Person	
	SPOTLES	S CLEAN BY PETER Firm/Company	
	1007 N. Fed	eral Hwy #65	
	tort Lau	City/State and Zip Code	
		eter@gmail.com	
	E-mail address: (to be used for future annual report notification)	
For further information of	concerning this matter, please c	all:	
PETER STE	EWART	at (305) 204 - 8227 Area Code Daytime Telephone Number	
Name o	rt Person	Area Code Daytime Telephone Number	
Enclosed is a check for t	he following amount:		
≤ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Certified Copy Certificate of Certified Copy (additional copy is enclosed) Certified Copy (additional copy	f Status & py
Mailing Addre Registration		Street Address:	
Division of C		Registration Section Division of Corporations	
P.O. Box 632 Tallahassee,		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	
rananassee,	1 ニーンニン (で	2410 IN. MOTHOU SHEEL, SHILL 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SCBY PET	ER, LLC		
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on limited Liability Company)	our records.)	
The Articles of Organization for this Limited Liability Cor Florida document number <u>L1900133062</u>	mpany were filed on <u>Mav</u> -	17,2019	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	ed liability company here:		
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the design	ation "LEC" or the abb	previation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRE	<u></u>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
		10-10-5	
B. If amending the registered agent and/or registered of	office address on our recor	ds, <u>enter the name</u>	e of the new registered
agent and/or the new registered office address here:			77
Name of New Registered Agent:		## M	
New Registered Office Address:		mar o	
	Enter Florida st	reel address 0	
	City	> 19	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 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
MGR	PETER STEWART	1007 N. Federal Hwy + 65	🗆 Add
		1007 N. Federal Hwy #65 Fort Lauderdale, FL 33304	□Remove
			⊠Change
			□Add
			□Remove
			□ Change
			□ Add
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