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(Re	questor's Name)	
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COVER LETTER

TO: Registration Se Division of Cor		**	•
SUBJECT:S	J's Scoop	LLC itld 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:	
	Jordana	Name of Person	
		Firm Company	
		ton lane	
	hissim		46
	Marreroja E-mail address: 1	Hofmail. Com to be used for future annual report notif	ication
For further information e	oncerning this matter, please ca	aH:	
Sor dana Name o	Marrero f Person	at (<u>845</u>) <u>290</u> Area Code Daytime	-2585 Telephone Number
Enclosed is a check for the	· ·		
S25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (acaditonal copy) (seed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Ft. 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

J3 5000R, L	LC
(Name of the Limited Liability (A Florida	ty Company as it now appears on our records.) (Limited Liability Company)
The Articles of Organization for this Limited Liability Co Florida document number <u>L1900 237</u> 3	company were filed on <u>September 19</u> and assigned <u>2.16</u>
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit Service Scoop LLC The new name must be distinguishable and contain the words "Limit	ited liability company here: ited Liability Company," the designation "LLC" or the abbreviation "LLC"
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRI	RESS)
Enter new mailing address, if applicable:	•. • •
(Mailing address MAY BE A POST OFFICE BOX)	
	5.
B. If amending the registered agent and/or regist- registered agent and/or the new registered office addr	tered office address on our records, <u>enter the name of the new</u> ress here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, 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>	<u>Name</u>	Address	Type of Action
4mbr	Keisha Cammock	2101 Preston in Kissimme	= 3474 6 C DAdd
			□ Remove
			Change
			
			□ Remove
		-11	Change
			□ Remove
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(If an et Note:	ive date, if other than the date of filing:
) The	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	October 10 2019 5. Marrers Signature of a member or authorized representative of a member Tordana Marrers

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00