

L19000289229

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

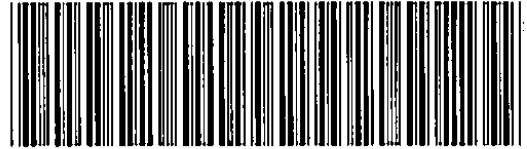
(Business Entity Name)

(Document Number)

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06/25/20--01018--022 **

FILED
2020 JUN 25 PM 4:00
TALLAHASSEE, FLORIDA
CLERK OF STATE

YS
8/6/20

TO: Registration Section
Division of Corporations

Scrubbed Pine, LLC

SUBJECT: _____
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kathryn Sole

Name of Person

Sole Law, PLLC

Firm/Company

555 5th Ave North

Address

St. Petersburg, FL 33701

City/State and Zip Code

Kathryn@sole-law.com

E-mail address: (to be used for future annual report notification)

2020 JUN 25 PM 4:01
OFFICE OF STATE
REGISTRATION

For further information concerning this matter, please call:

Kathryn Sole, Esq.

727

490-9086

Name of Person at (_____) _____
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

TO
ARTICLES OF ORGANIZATION
OF

Scrubbed Pine, 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 were filed on November 21 2019 and
Florida document number L19000289229.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Scrubbed Pine Land Management, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation

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 office address on our records, enter the name of the
agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

_____, Florida _____
City Zip Co

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 cc
provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar
accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this d
being filed to merely reflect a change in the registered office address, I hereby confirm that the limited lia.
company has been notified in writing of this change.*

If Changing Registered Agent, Signature of New Registered A

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type</u>
_____	_____	_____	<input type="checkbox"/> /
		_____	<input type="checkbox"/> I
		_____	<input type="checkbox"/> C
_____	_____	_____	<input type="checkbox"/> /
		_____	<input type="checkbox"/> I
		_____	<input type="checkbox"/> C
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		_____	<input type="checkbox"/> C

2020 JUN 25 PM 4:01
TOLSON
FBI
WASHINGTON, DC

2020 JUN 25 PM 4: 01
FBI
FBI
FBI

2020 JUN 25 PM 4: 01
FBI - NEW YORK

(If an effective 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 **Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be document's effective date on the Department of State's records.

Dated June 19

2020

Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Katman Sole

Typed or printed name of signee