

L19000297401

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

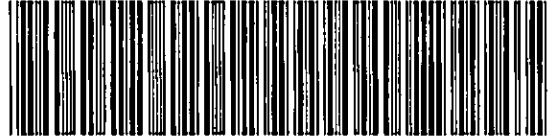
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/15/20--01031--008 **25.00

FILED
CLERK OF STATE
OFFICE OF CORPORATIONS
20 JUN 15 PM 3:57

Amend

JUL 20 2020

D CUSHING



P: 386-410-2026
F: 386-957-5350
Auditreadyinc.com
PO BOX 604
Edgewater FL 32132

June 11, 2020

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: SCORZA & ASSOCIATES LLC, Document L19000297401

To whom it may concern,

Enclosed please find the forms to amend the Articles of Organization of a Florida Limited Liability Company and a check for the \$25.00 filing fee for our client, Scorza & Associates LLC. Please contact our office or the Registered Agent for any questions or concerns regarding this filing.

FILED
SECRETARY OF STATE
JUN 11 2020
3:57

Thank you for your cooperation.

A handwritten signature in cursive script that reads "J. Reynolds".

Jennifer Reynolds, EA

127013-EA

**Audit Ready Inc is a bookkeeping, tax representation and preparation firm.
It is our goal to provide you with fast services by a qualified professional at a reasonable price.**

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Scorza & Associates LLC

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:

Jennifer Reynolds

Name of Person

Audit Ready Inc

Firm/Company

PO Box 604

Address

Edgewater, FL 32132

City/State and Zip Code

tom.scorza@goosehead.com

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

For further information concerning this matter, please call:

Jennifer Reynolds

386

410-2026

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 Address:

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
20 JUN 15 PM 3:57

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FILED
20 JUN 10 PM 3:57
CLERK OF STATE
TALLAHASSEE, FLORIDA

Scorza & Associates 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 12/05/2019 and assigned
Florida document number L19000297401.

This amendment is submitted to amend the following:

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

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

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

200 E GRANADA BLVD

SUITE 202

ORMOND BEACH FL 32176

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

200 E GRANADA BLVD

SUITE 202

ORMOND BEACH FL 32176

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

200 E GRANADA BLVD SUITE 202

Enter Florida street address

ORMOND BEACH

City

Florida 32176

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 Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

[illegible]

[illegible]

(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 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Thomas J. Seay 

Signature of a member or authorized representative of a member

Typed or printed name of signee