

L2 0000001475

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

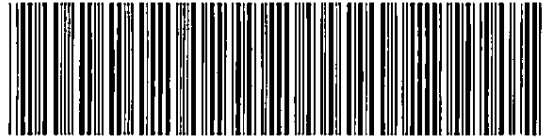
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600432813146

07/11/24--01040--003 **25.00

2024 JUL 11 PM 5:07

of 7/22/2024

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SCOTT'S TOW'N 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:

SCOTT MOSLANDER
Name of Person

SCOTT'S TOW'N LLC
Firm/Company

28146 Tammi Dr.
Address

Tavares, FL 32778
City/State and Zip Code

scottstow2020@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SCOTT MOSLANDER at (352) 531-4929
Name of Person 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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Scott's Tow'n LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

2024.11.11 PM 5:07

The Articles of Organization for this Limited Liability Company were filed on 12/19/2019 and assigned Florida document number L200000001475

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 "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

28146 Tammi Dr
Tavares, FL 32778

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 new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Scott Moslander

New Registered Office Address:

28146 Tammi Dr

Enter Florida street address

Tavares

City

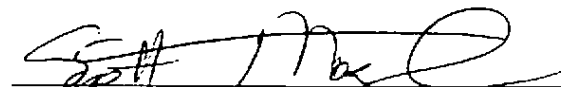
Florida

32778

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

[illegible]

[illegible]

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

Dated 6-25, 2024.

Signature of a member or authorized representative of a member

Scott Moslander
Typed or printed name of signer