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## **COVER LETTER**

TO: Registration Solivision of Co			
Scarboro, I		,	e .
SUBJECT:		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Neera Scarboro		
		Name of Person	
		Firm/Company	
	4425 Tamarind Way		
		Address	
	Naples, FL 34119		
		City/State and Zip Code	<del></del>
	nscarboro1023@gmail.com	to be used for future annual report not	if antion)
For further information of	concerning this matter, please co		incation,
Neera Scarboro		717 512-1371 at ( )	
Name o	of Person	Area Code Daytin	ne 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 & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre		Street Address:	
Registration		Registration Se Division of Co	
Division of C P.O. Box 632		The Centre of	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Scarboro, LLC			
( <u>Name of the Limited Liability Co</u> (A Florida Limi	ompany as it now appears on our relited Liability Company)	ecords.)	
The Articles of Organization for this Limited Liability Comp  Florida document number 1.20000088781	pany were filed on $\frac{3/24/2020}{}$	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company here:		
Neera Scarboro, LLC			
The new name must be distinguishable and contain the words "Limited I	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	<u> </u>	7.00 <b>22</b>	
		IPR	
Enter new mailing address, if applicable:		R-3 IARY ASSE	
(Mailing address MAY BE A POST OFFICE BOX)			
rituang uturess with BETT OST STITES 2514		0 i A :	
	<del></del>		
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	ice address on our records, <u>e</u>	nter the name of the new regi	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	, Florida		
		_, r iorida	

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
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			□Remove
			□Change
			□ Add
			□Remove
		AH AH	Change :
		FALLAHASSEE, FLORIDA	Remove
			□Remove
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fective date, if other than the	date of filing:	(options	<b>1)</b> ng.) Pursuant to 605.020
ote: If the date inserted in this b	ock does not meet the applicable statutory fi	ling requirements, this da	ate will not be listed a
cument's effective date on the D	epartment of State's records.		
and and Considered offersion	e date, but not an effective time, at 12:01 a.r	n an the earlier of (h)	The O0th day after the
is filed.	e date, but not all effective time, at 12.01 a.i	n. on the carrier of. (b)	The 70th day after the
March 31	2020		
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$\mathcal{O}(\mathcal{G})$			
· New Di	Signature of a member or authorized representat	ive of a member	