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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	
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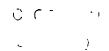
Office Use Only



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COVER LETTER

Division of Cor			
SKALESM SUBJECT:			
SUBJECT:	Name of Lim	ited Liability Company	
701 1 1 1 1 1 3			
The enclosed Articles of	Amendment and feets) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Daniel Beaty		
		Name of Person	
	Skalesmart, LLC		
	 -	Firm Company	
	157 Sawmill Lakes Blvd		
		Address	
	Ponte Vedra Beach, FL 32	082	
		City/State and Zip Code	
	daniel.beaty@skalesmart.co	om to be used for future annual report notific	mili m
For further information c	oncerning this matter, please co		Critical)
Daniel Beaty		404 538-8397	
	f Person	at () Area Code Daytime	Talanhara Namba
, and a		Aca Code Dayinic	retephone (value)
Enclosed is a check for th	ne following amount:		
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sound Filing Fee. Certificate of Status & Certified Copy cadditional copy is enclosed.
Mailing Addres Registration 5		Street Address: Registration Sect	ion

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

2010 **** - 3 PH 7: 16

SKALESMART, 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 C	Company were	filed on April 21	2, 2020	and accimant
Florida document number 1.20000109590				and assigned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lim	<u>iited li</u> ability	company here:		
The new name must be distinguishable and contain the words "Lim	inted Liability Co	mpany," the designa	ition "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDR	RESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered agent and/or the new registered office address here: Name of New Registered Agent:	d office addre	SS ON OUT TECOTE	ls, <u>enter the name</u>	of the new registered
New Registered Office Address:		Enter Florida su	vet address	
			Manida	
	(.	Ϊţ	Florida	Zip Code
New Registered Agent's Signature, if changing Registered	d Agent:			
I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and co- accept the obligations of my position as registered ag being filed to merely reflect a change in the registered company has been notified in writing of this change.	omplete perfe zent as provie	rmance of my d led for in Chapt	uties, and Lam fai er 605 ES Or it	niliar with and
	If Changing R	egistered Agent, <u>Si</u>	gnature of New Regis	ered 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

Title	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Jeffrey Hootselle	242 PORTSIDE AVE	
		PONTE VEDRA, FL 32081	□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□
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Effective date, if other than the date of filing:	_	
Effective date, if other than the date of filing:	_	
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	Dated_	UNE 4 2020
		Daniel Boat
DANIEL BEATY		e and a member

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Filing Fee: \$25.00