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(Business Entity Name)
(Business Entry Name)
(Document Number)
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COVER LETTER

Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

TO:

ScaleHaus,	LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Scott Parlor		
	7	Name of Person	
	ScaleHaus, LLC		
		Firm/Company	
	9769 Fox Hollow Rd		
		Address	
	Tampa, FL 33647		
		City/State and Zip Code	
	sparlor91@gmail.com		
		to be used for future annual report noti	fication)
For further information of	concerning this matter, please co	all:	
Scott Parlor		813 373-8333 at ()	
Name (of Person	Area Code Daytim	e 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 Addres		Street Address:	otion
Registration Division of C		Registration Se Division of Cor	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ScaleHaus, LLC	. 3
(<u>Name of the Limited Liability Company as it now appears on our records.</u>) (A Florida Limited Liability Company)	
The Articles of Organization for this Limited Liability Company were filed on 06/26/2020	and assigned \
Florida document number 1.20000180105	PH 17
This amendment is submitted to amend the following:	25
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)	
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 agent and/or the new registered office address here:	name of the new registered
Name of New Registered Agent:	
New Registered Office Address: Enter Florida street address	
Florid	l a
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 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
	Scitt J Parlor	9769 FOX HOLLOW RD	
		TAMPA, FL 33647	■Remove
			□Change
AMBIL	Scott Parlor	9769 FOX HOLLOW RD	∃ Add
	First, last	TAMPA, FL 33647	□Remove
			[]Change
	Houde David	5611 KELLY DR N	
		ST. PETERSBURG, FL 33703	Remove
			Change
<u>Ambre</u>	David Houde	5611 KELLY DR N	≣ Add
	First, Last	ST. PETERSBURG, FL 33703	□Remove
			□Change
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
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			□Remove

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n effective date is liste te: If the date inse	rted in this block doe	ific and cannot be prior t		(optional) than 90 days after filing.) equirements, this date w	
ecord specifies a de is filed,	layed effective date, l	out not an effective tir	ne, at 12:01 a.m. on	the earlier of: (b) The	90th day after the
ted July 7	11 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	2020	<u> </u>		
1.17	41 1/1	lh	rized representative of		