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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

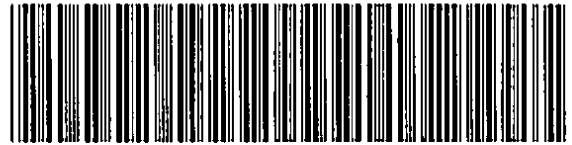
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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AUG 22 2020

S. YOUNG

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ScaleHaus, 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 Parlor

Name of Person

ScaleHaus, LLC

Firm/Company

9769 Fox Hollow Rd

Address

Tampa, FL 33647

City/State and Zip Code

sparlor91@gmail.com

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

For further information concerning this matter, please call:

Scott Parlor

813 373-8333
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

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>	<u>Address</u>	<u>Type of Action</u>
	Scitt J Parlor	9769 FOX HOLLOW RD	<input type="checkbox"/> Add
		TAMPA, FL 33647	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Scott Parlor	9769 FOX HOLLOW RD	<input checked="" type="checkbox"/> Add
	First, last	TAMPA, FL 33647	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
	Houde David	5611 KELLY DR N	<input type="checkbox"/> Add
		ST. PETERSBURG, FL 33703	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	David Houde	5611 KELLY DR N	<input checked="" type="checkbox"/> Add
	First, last	ST. PETERSBURG, FL 33703	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Please note the above. This amendment is to correct name misspellings/order. Scitt Parlor to be replaced

with Scott Parlor. Likewise, Houde David should be "David Houde" (First, Last)

Keep Daniel Spector As is

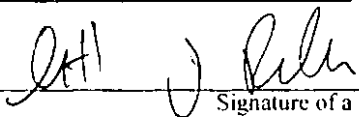
E. Effective date, if other than the date of filing: _____ (optional)

(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)

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.

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.

Dated July 7, 2020


Signature of a member or authorized representative of a member

Scott Parlor

Typed or printed name of signee