

L20000 192079

(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



800352094618

09/16/20--01010--010 ++25.00

FILED
2020 SEP 16 PM 1:23
TALLAHASSEE, FL

D. BRUCE
OCT 25 2020

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SCP Construction and Development, 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:

Nikolaus M. Schroth

Name of Person

SCP Construction and Development, LLC

Firm/Company

100 SW Albany Avenue, Suite 200

Address

Stuart, Florida 34994

City/State and Zip Code

nikschroth@naisouthcoast.com

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

For further information concerning this matter, please call:

Deborah Pappalardo

772 286-6292
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

2020 SEP 16 PM 4:30
FILED
TALLAHASSEE, FL

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

SCP Construction and Development, 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 Company were filed on 7/6/2020 and assigned
Florida document number L20000192079.

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 "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 name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

City

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

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>
AMBR	Jennifer Trent	100 SW Albany Avenue, Suite 200	<input checked="" type="checkbox"/> Add
		Stuart, Florida 34995	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Evan Moss	100 SW Albany Avenue, Suite 200	<input checked="" type="checkbox"/> Add
		Stuart, Florida 34995	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Douglas Legler	100 SW Albany Avenue, Suite 200	<input checked="" type="checkbox"/> Add
		Stuart, Florida 34995	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Stuart Duffin	100 SW Albany Avenue, Suite 200	<input checked="" type="checkbox"/> Add
		Stuart, Florida 34995	<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

RECEIVED
TALLAHASSEE
2022 SEP 16
6:03 PM
F-11

2020 SEP 16 F
SECRET
TALLAHASSEE

SEP 16 AM 4:23
TALLAHASSEE, FL (al)

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.


Signature of a member or authorized representative of a member

Typed or printed name of signee