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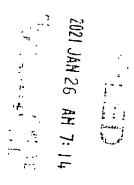
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Office Use Only



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## **COVER LETTER**

Division of Corporations	
SUBJECT: BRACEN Score Specialist CL Name of Limited Liability Company	<u></u>
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:	
Olifavia L. Thoma.	
Name of Person	
Beacon Scove Speciali Firm/Company	St LLC
411 S. Salisbury Rue	
Deland, 91. 39720 City/State and Zip Code	
OCTAVIA O MACCON SCOY- E-mail address: (To be used for future annual rep	
For further information concerning this matter, please call:	on nonication)
Mame of Person at (286) 7  Area Code	48-0071
Name of Person Area Code	Daytime Telephone Number
Enclosed is a check for the following amount:	
\$25.00 Filing Fee	□ \$60.00 Filing Fee,
Certificate of Status Certified Copy (additional copy is enclose	Certificate of Status &
Mailing Address: Street Add	ress:

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

**Registration Section** 

TO:

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

The Articles of Organization for this Limited Liability Company were filed on \_ and assigned Florida document number L210000107.28 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

## 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 = A	uthorized Member	y y jund	
<u>Title</u>	<u>Name</u>	Address 2021 JAN 26 AM 7: 14	Type of Action
MGK	Octavia Thomas	Urland Fr. 32720	
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	2021 JAN 26 AN 7: 11
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Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and can Note: If the date inserted in this block does not mee document's effective date on the Department of States.	nnot be pribr to date of filing or more than 90 days after filing.) Pursuant to 605.0207 at the applicable statutory filing requirements, this date will not be listed as
he record specifies a delayed effective date, but not an ord is filed.	effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated Kinuary 22.	2021
Signature of a mer	mber or authorized representative of a member
	Tho man of signee