## L21000067376

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(Requestor's Name)	
(Address)	_
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(City/State/Zip/Phone #)	_
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PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Document Number)	_
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## **COVER LETTER**

TO: Registration Solution of Col			
SCAR3 LL SUBJECT:	.C ,		
SUBJECT:	Name of Lin	ited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Lucas scarberry		
		Name of Person	
	SCAR3 LLC		
		Firm/Company	
	11142 58th St Cir E		
	···	Address	
	Parrish Fl 34219		
	Lucassearberry@gmail.com	City/State and Zip Code	
		to be used for future annual report not	itication)
For further information c	concerning this matter, please e	afl:	
lucas scarberry		941 3203428 at ( )	
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	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 Registration S		<u>Street Address:</u> Registration Se	ction
Division of Corporations P.O. Box 6327		Division of Cor The Centre of T	rporations

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SCAR3 LLC		
( <u>Name of the Limited Liability Com</u> (A Florida Limited	pany as it now appears on our records I Liability Company)	<u>.</u> )
The Articles of Organization for this Limited Liability Compan Florida document number <u>L21000067376</u>	y were filed on 2/8/2021	and assigned
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
LB Pressure Washing LLC		
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	11142 58th St Cir E Parrish Fl 3	34219
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	11142 58th St Cir E Parrish FL	34219
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office	o addrace on our ragards, onter (	the name of the new register
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e audress on our records, enter y	the name of the new register
Name of New Registered Agent:		
No. 10 and a small CNY on A Library		
New Registered Office Address:	Enter Florida street address	
	Flo	orida
	City	orida Zip Code
New Registered Agent's Signature, if changing Registered Agen	<u>it;</u>	
I hereby accept the appointment as registered agent and ag	gree to act in this capacity. I fur	ther agree to comply with t
provisions of all statutes relative to the proper and comple	te performance of my duties, an	id Lam familiar with and 🥏
accept the obligations of my position as registered agent a	s provided for in Chapter 605. I	F.S. Or, if this document is:
being filed to merely reflect a change in the registered offic	ze address. I hereby confirm tha	u 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>	Address	Type of Action
AMBR	Blake Scarberry	3914 woodmont Dr parrish (1 34219	<b>≣</b> Add
			□ Remove
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lf amer	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note:	ve date, if other than the date of filing:  [cetive 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 lift the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as tent's effective date on the Department of State's records.
ne recor ord is fi	d 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 led.
Dated	
• • •	The Manual Control of the Control of
	Signature of a member or authorized representative of a member
	Typed or printed name of signee

Filing Fee: \$25.00