K21000141493

(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Social Calling of)
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05/24/21--01018--024 **25.00



COVER LETTER

TO:

TO: Registration S Division of Co					
43 1 14 1 13 43 43 45	ENTERPRISES LLC		ŧ.		
SUBJECT:	Name of Lin	nited Liability Company			
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	LAURA ATKINSON				
		Name of Person			
	BOYER GINORI CPAS I	LC			
		Firm/Company	 +		
	1645 PALM BEACH LAKES BLVD STE 480				
		Address			
	WEST PALM BEACH, FL 33401				
		City/State and Zip Code			
	EGINORI@BOYERGINO	RICPAS.COM to be used for future annual report no	tification)		
For further information of	concerning this matter, please c		interiori		
LAURA ATKINSON		561 323-6520			
Name	of Person		ne Telephone Number		
Enclosed is a check for t	he following amount:				
■ \$25.00 Filing Fee	⊠ \$30.00 Filing Fee & Certificate of Status		XI \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
<u>Mailing Addre</u> Registration		Street Address: Registration Se	ection		
Registration Section Division of Corporations		-	Division of Corporations		
P.O. Box 632			The Centre of Tallahassee		
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

S.C.P.C. ENTERPRISES LLC		
(<u>Name of the Limited Liabili</u> (A Florid	ity Company as it now appears on our r a Limited Liability Company)	ecords.)
The Articles of Organization for this Limited Liability C	Company were filed on 03/25/21	and assigned
Florida document number L21000141493	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	nited 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 ADDI	RESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, <u>e</u>	nter the name of the new regist
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street a	ddress
	City	_, Florida Zip Code
	J.,,	239 5000

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.

Gorest Hod

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
MGR	JOE HOSKINS	5830 E 2ND ST SUITE 8	XAdd
		CASPER, WY 82609	Ø10
			⊠Change
			□Add
			Remove
			☐ Change
			⊠∧dd
			□Remove
			<u>Kl</u> Change
			KlAdd
			☐Remove
			□ Change
			KÌAdd
			⊠Remove
			∭Change ∴
			⊠Add
			<u>⊠</u> ⊠Remove
			□Change

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Note: If	e date, if other than the date of filing: tive 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 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as at 's effective date on the Department of State's records.
e record rd is filed	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 d.
5 _ Dated	1/15/2021 , Joseph 7/10-
	5/15/2021
	Signature of a member or authorized representative of a member
	Goral That