

L21 000 167 575

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

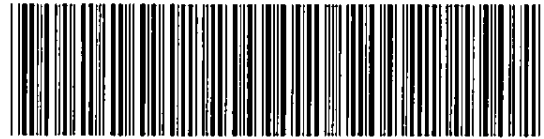
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200441589372

12/30/24--01004--003 **25.00

FILED
2024 DEC 30 PM 1:36
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SCRIBE, 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:

SEAN MICHAEL COMBS

Name of Person

SCRIBE, LLC

Firm/Company

1562 SE VILLAGE GREEN DRIVE STE #12

Address

PORT ST LUCIE, FL 34952

City/State and Zip Code

SEANCOMBS@CHOOSESCRIBE.COM

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

For further information concerning this matter, please call:

SEAN MICHAEL COMBS

772

281-5225

Name of Person

at ()

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

FILED
2024 DEC 30 PM 1:34
SECRETARY OF STATE
TALLAHASSEE, FL

If Changing Registered Agent, Signature of New Registered Agent

...adding, removing, or changing 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>
MGR	SEAN MICHAEL COMBS	5348 KEEL WAY	<input type="checkbox"/> Add
		HUTCHINGSON ISLAND, FL 34949	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	ANDREW THOMAS RIZZO	5348 KEEL WAY	<input type="checkbox"/> Add
		SHUTCHINGSON ISLAND, FL 34949	<input type="checkbox"/> Remove
			<input checked="" 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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change


2020 DEC 30 PM 3:34
SECRETARY OF STATE
TALLAHASSEE, FL

2014 DEC 30 PM 1:34
SECRETARY OF STATE
TALLAHASSEE, FL

FILED
2024 DEC 30 PM 1:34
SECRETARY OF STATE
TALLAHASSEE, FL

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.

Dated DECEMBER, 17 2024


Signature of a member

Signature of a member or authorized representative of a member

SEAN MICHAEL COMBS

Typed or printed name of signee

Filing Fee: \$25.00