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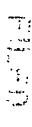


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SECRETARY OF STATE

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COVER LETTER

	istration Se ision of Cor					
SUBJECT:	SCRIBE, L	LC				
SUBJECT:		Name of Lin	nited Liability Company			
The enclosed	Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return	all correspo	ndence concerning this matter	to the following:			
		SEAN MICHAEL COME	es .			
			Name of Person			
		SCRIBE, LLC				
			Firm/Company			
		1562 SE VILLAGE GREI	EN DRIVE STE #12			
			Address			
		PORT ST LUCIE, FL 349)52 5 <u>3</u> 183			
			City/State and Zip Code			
		SEANCOMBS@CHOOSE	SCRIBE.COM			
For further in	formation co	E-mail address: oncerning this matter, please o	City/State and Zip Code SSCRIBE.COM (to be used for future annual report notification) call: 772 281-5225			
SEAN MICH			772 281-5225			
	Name of	Person	Area Code Daytime Telephone Number			
Enclosed is a	check for th	e following amount:				
≅ \$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
	ling Addres		Street Address: Registration Section			
Division of Corporations			Division of Corporations			
). Box 632 lahassee, F		The Centre of Tallahassee			
1 (1)	1	- J2J17	2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SCRIBE, LLC		
(<u>Name of the Limited Liability</u> (A Florida	Company as it now appears on our records Limited Liability Company)	.)
The Articles of Organization for this Limited Liability Co	ompany were filed on 04/12/2021	and assigned
Florida document number L21000167575	<u>_</u> .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
The new name must be distinguishable and contain the words "Limit	ted 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 ADDRI	ESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		ADTOREC BO
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter t	the name of the new registered
Name of New Registered Agent:		नी म
New Registered Office Address:	Enter Florida street address	
	E).	uido
	, F10	rida 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

		ARTHURIEFE TO HIGHE	ge, circi uic	uut, hanit, anu e	<u>iuui caa oi cacii peia</u>	UII DUINE AUUCU
or removed from e	our records:					 _

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	SEAN MICHAEL COMBS	5348 KEEL WAY	
		HUTCHINGSON ISLAND, FL 34949	□Remove
			\BChange
MGR	ANDREW THOMAS RIZZO	5348 KEEL WAY	□Add
		SHUTCHINGSON ISLAND, FL 34949	
			\alpha Change
			□Add
			□Remove
			☐ Change
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lf an eff <u>Note:</u>	tive date, if other t fective date is listed, the If the date inserted ment's effective date	e date must be spec in this block doe	ific and cannot s not meet the	applicable stat	f filing or more to	(opti han 90 days after quirements, thi	filing.) Pursuant to	605.0207 (listed as t
e recor	rd specifies a delayed	•	out not an effe	ective time, at 1	2:01 a.m. on t	ne carlier of: (t) The 90th day	after the
Dated	DECEMBER, 17		202-					
		1						
	/}	/ \ /						

Filing Fee: \$25.00