

L21 000 243 757

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

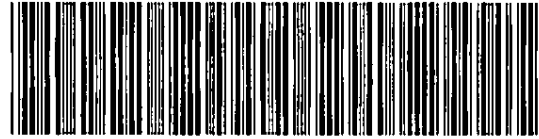
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SECRETARY OF STATE
TALLAHASSEE, FL

D BRUCE
OCT 04 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: _____

SC Squared 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:

Christopher S. Holt
Name of Person

SC Squared LLC
Firm/Company

444 SW 131 ST ST
Address

Newberry FL 32669
City/State and Zip Code

sholt1975@me.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

C. Shane Holt
Name of Person

at (352)
Area Code

256-8014
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

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TALLAHASSEE, FL

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SEP 27

SC Squared LLC

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>	<u>Address</u>	<u>Type of Action</u>
VP	Cheryl F. Holt		☐ Add
			☐ Remove
			☒ Change
AMBR	Christopher Shane Holt		☒ Add
			☐ Remove
			☐ Change
			☐ Add
			☒ Remove
			☐ Change
			☐ Add
			☐ Remove
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			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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TAL/AMBR/CH

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Changed spelling & title of Cheryl F Holt to
Vice President

Change title for C S Holt to CEO or President

If you have any questions on
these changes, please contact me.
I need to be able to transact
business as owner and/or CEO
and my wife.

352-256-8014

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WILMINGTON, DE

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective 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 (3)(b)

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.

If the record 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 record is filed.

Dated

9-21

2021

Christopher S Holt

Signature of a member or authorized representative of a member

CHRISTOPHER SHANE HOLT

Typed or printed name of signer