## 121000310633

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T. MATTHEWS MAY 23 2022

## COVER LETTER

Div	ision of Corp	orations				
SUBJECT:	SCRATCH REMOVAL TECHNICIAN LLC					
SUBJECT.		Name of Limit	ted Liability Company			
The enclosed	l Articles of A	mendment and fee(s) are sub-	nitted for filing.			
Please return	all correspond	dence concerning this matter t	to the following:			
		ALEXIS MERCADO				
			Name of Person	_		
		SCRATCH REMOVAL TE	ECHNICIAN LLC			
			Firm/Company	_		
		913 SW 49 AVENUE				
			Address			
		PLANTATION FL 33317				
			City/State and Zip Code			
		E-mail address: (to	o be used for future annual r	report notification)		
For further in	nformation cor	ncerning this matter, please ca	ill:			
ALEXIS MI	ERCADO		954 919 at ()	-8008		
Name of Person		Area Code	Daytime Telepho	ne Number		
Enclosed is a	check for the	following amount:				
\$25.00 H	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy tadditional copy is encl		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	

Registration Section

TO:

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF CORPORATION 48 OF 22 APR 18 AH 108 48

SCRATCH REMOVAL TECHNICIAN	LLC		
(Name of the Limited L. (A F	iability Compa lorida Limited l	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liabil Florida document number 121000310633	•	were filed on 07/07/2021	and assigned
This amendment is submitted to amend the following	ıg:		
A. If amending name, enter the new name of the	limited liab	oility company here:	
N/A			
The new name must be distinguishable and contain the words	"Limited Liabi	ility Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	·:	N/A	
(Principal office address MUST BE A STREET A	DDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO)	<u>v)</u>		
			· — —
B. If amending the registered agent and/or regis agent and/or the new registered office address he		address on our records, <u>enter th</u>	e name of the new registered
Name of New Registered Agent:			
New Registered Office Address:		Enter Florida street address	
		Flow	.a

## 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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	ALEXIS MERCADO	913 SW 49 AVENUE	■Add
		PLANTATION FL 333317	
			□Change
AMBR	RAY ZAYAS	5741 TYLER STREETAPT A	∃Add
		HOLLYWOOD FL 33021	=Remove
			□Change
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ective date, if other than the d	ate of filing: APRIL 13, 20		(optional)	
1 effective date is listed, the date must b	e specific and cannot be prior to k does not meet the applicable	date of tiling or more than 90 le statutory filing requires	) days after filing.) Pursuant to 60 nents, this date will not be lis	)5.0207 sted as
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cument's effective date on the Department's effective date on the Department of the	late, but not an effective time	e, at 12:01 a.m. on the car	lier of: (b) The 90th day aft	er the
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