h22000 114865

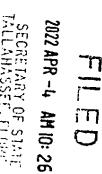
(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nan	ne)
(Doc	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	Wing Officer:	
APR 16		
		į
		ļ

Office Use Only



100384921111

04/04/22--01014--018 ++25.00



COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	2nd finde 5	SCIWIL LLC	
	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	r to the following:	
	<u>Mi cha</u>	Name of Person	<u>h</u>
		Gate Service	
		2 Sw 93rd S	
		City/State and Zip Code Thm 20 @ Clo (to be used for future annual report not)	
	E-mail address:	(to be used for future annual report not	<u>od. (om</u> fication)
For further information	concerning this matter, please of	call:	
Michael	Paul Smith	at (<u>352</u>) <u>57.</u> Area Code Daytim	2-3890
Name	of Person	Area Code Daytim	e 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2,1 G	ute Service	SECI
(Name of the Limited Liabilit (A Florida	y Company as it now appears on Limited Liability Company)	SECHETAFI HASS
The Articles of Organization for this Limited Liability Co		<u> </u>
Florida document number L 22 000114 865	<u>_</u> ·	1 · 2022 Fam as med T
This amendment is submitted to amend the following:		:- ::: 26
A. If amending name, enter the new name of the limi	ted liability company here:	
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	ESS)	
		· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:		· · · · · · · · · · · · · · · · · · ·
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	l office address on our recor	ds, enter the name of the new registere
the second secon		
Name of New Registered Agent:		
		
New Registered Office Address:	Enter Florida s	reet address
		. Florida
	City	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

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>	Name	Address	Type of Action
MGR	Michael Paul Smith	12852 SW 93rd St	_ EAdd
		Dunnellon Fl 34432	□Remove
			□Change
AMBR	Samunthu Jo Smith	12852 SW 93rd St	PAdd
		annellon Fl 34432	□Remove
			□ Change
	 		🗆 Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
· · · · · · · · · · · · · · · · · · ·		···	□ Add
			□Remove
			□Change

			<u></u>			
	<u></u>					
						
	- 1 1112					
			·		<u>-</u>	
		и.			-	
		 				
					·	
				· · · · · · · · · · · · · · · · · · ·		
						
			<u></u>			
					··	
						
reffectiv <u>te:</u> If tl	date, if other than the date to date is listed, the date must be space date inserted in this block does effective date on the Departr	ecific and can oes not meet	not be prior to di the applicable	ite of filing or more	than 90 days after tequirements, this	nal) iling.) Pursuant to 605.020 date will not be listed a
cord sp s filed.	ecities a delayed effective date	, but not an e	effective time,	at 12:01 a.m. on	the earlier of: (b)	The 90th day after the
.ed	4.1.2022	· _	2022			
						<u> </u>
	Sign	aire of a mem	ber or authorize	d representative of	a member	