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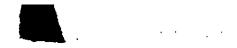
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: UScarlett Enterprises 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:
Jack Scarlett Name of Person
J Scarlett Enter prises UC Firm/Company
8028 Pebble Creek Lane W.
Porte Veclea Beach, FL 32082 City/State and Zip Code
Franklatin Scarlettenter DYISES #1 & Firmail address: (to be used for future annual report notification) gradic con
For further information concerning this matter, please call:
Jan Check Name of Person at (94) 445-0108 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:

Mailing Address:

☐ \$25.00 Filing Fee

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

☐ \$30.00 Filing Fee &

Certificate of Status

Street Address:

☐ \$55.00 Filing Fee &

Certified Copy

(additional copy is enclosed)

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

\$60.00 Filing Fee. Certificate of Status &

(additional copy is enclosed)

Certified Copy

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

J Scarlett E (Name of the Limit	Enter OY ted Liability Company (A Florida Limited Lia	as it now appears on our r bility Company)	vecords.)
The Articles of Organization for this Limited L Florida document number <u>し </u>			h 10, 2022 nd assigned
This amendment is submitted to amend the foll	owing:		
A. If amending name, <u>enter the new name o</u>			
The new name must be distinguishable and contain the v	vords "Limited Liability	Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic			
(Principal office address MUST BE A STREE	T ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>BOX)</u>		
B. If amending the registered agent and/or ragent and/or the new registered office addre	~	dress on our records, <u>e</u>	enter the name of the new registered
Name of New Registered Agent:		Scorlett	
New Registered Office Address:			elc lane W.
	Parte V	edra Beach). Florida <u>32082</u> 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
MGA	Jack Scarlett	8028 Pebble Creek	· \$\frac{1}{2}\text{Add}
		Ponte Vedra Beach Florida 32082	□Remove
			□Change
AP	Jan Cheek	8028 Pebble Creek Lane W Punte Vedra Beach Henda 32082	□Add
		Punte Vedra Bead Lenda 32082	<u>∪</u> ⊒Remove
			XChange
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
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			□Change

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ective date, if other than the date of filing: (optional effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing or more than 90 days a	l) ig.) Pursuant to 605.0201
e: If the date inserted in this block does not meet the applicable statutory filing requirements, this datument's effective date on the Department of State's records.	te will not be listed as
difference that of the Department of State's records.	
cord 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
s filed.	c 3
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- Jan Check Signature of a member or authorized representative of a member Jan Check Typed or printed name of signee	÷ 2
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