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COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

SUBJECT:	Scavenger	Delight LLC			
30B3LC1.		Name of Lim	ited Liability Company		
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspo	ondence concerning this matter	to the following:		
		Randy Riley			
			Name of Person	4	
		Scavenger Delight			
			Firm/Company	, <u></u>	
		6900 Daniels Parkway Sui	te 29-148		
			Address		
		Fort Myers, FL 33912			
		· ·	City/State and Zip Code		
		Scavenger Delight LLC			
			to be used for future annual re	port notification)	
For further ii	iformation c	oncerning this matter, please c	all:		
Randy Riley			262 707-9 at ()		
	Name o	f Person	Area Code	Daytime Telephone Number	
Enclosed is a	check for th	ne following amount:			
■ \$25.00 F	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	sed) Certified	e of Status &
	iling Addres		Street Add Rogistrati		
Registration Section Division of Corporations			Registration Section Division of Corporations		
P.O. Box 6327			The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Scavenger Delight LLC

(Name of the Limited Liability Company as it now appears on our 300 423 15 Alf 7:59 The Articles of Organization for this Limited Liability Company were filed on April 29, 2022 Art Land OF STATE and assigned Florida document number L22000204965 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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

__, Florida ____

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	Randall C Riley	7941 Georgian Bay Circle Apt 105	□Add
		Fort Myers, FL 33912	□Remove
			■Change
Mgr	Sarah J Riley	7941 Georgian Bay Circle Apt 105	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
		Fort Myers, FL 33912	Remove
			□Remove
			□ Change
			□Add
			□Remove
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			□Remove
			☐ Change

Page 2 of 3

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