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(850) 524-5437 · · (850) 524-6243 Please use funds from this account: 120210000160: \$25.00 Authorization Signature: Scope Realty LLC **BUSINESS NAME** DOCUMENT <u>L 23000106460</u> Certified Copy of Articles of Organization Certificate of Status <u>AMENDMENTS</u> NEW FILINGS \_ Profit Corp X Amendment Resignation of R.A. Not for Profit \_Officer/Director **Articles of Revocation of Dissolution** \_ \_\_Limited Liability Change of Registered Agent \_\_Dissolution Domestication \_\_Merger Other \_\_\_Conversion **CORP** LLLP Amended and restated Articles Statement of Authority OTHER FILINGS **REGISTERATION/QUALIFICATIONS** Annual Report Foreign filing Limited Partnership Reinstatement Fictitious Name \_APOSTILLE \_\_\_\_ Other Country

FLORIDA CAPITAL COURIER SERVICES, INC

2330 CLARE DRIVE

EXAMINIER'S INITIALS:

TALLAHASSEE, FL 32309

FLORIDA CAPITAL COURIER SERVICES, INC 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-6243

EXAMINIER'S INITIALS:\_\_\_\_

Please use funds from this account: I20210000160: \$25.00  Authorization Signature:		
Scope Realty LLC BUSINESS NAME	DOCUMENT L23000106460	
Certified Copy of Articles o	f Organization	
Certificate of Status		
<u>NEW FILINGS</u>	<u>AMENDMENTS</u>	
Profit Corp Not for Profit Officer/Director Limited Liability Domestication Other CORP LLLP	XAmendmentResignation of R.A. Articles of Revocation of DissolutionChange of Registered AgentDissolutionMergerConversionAmended and restated ArticlesStatement of Authority	
OTHER FILINGS	REGISTERATION/QUALIFICATIONS	
Annual ReportFictitious Name	Foreign filing Limited Partnership Reinstatement	
APOSTILLECountry	Other	

## **COVER LETTER**

	Name of Lim	ited Liability Company	
he enclosed Articles of .	Amendment and fee(s) are sub	mitted for filing.	
lease return all correspo	ndence concerning this matter	to the following:	
	Lauren Morales, Esq.		
		Name of Person	<del></del>
	The Elias Law Firm, PLLC	•	
	-	Firm/Company	
	15500 New Barn Road, ST	E 104	
		Address	
	Miami Lakes, FL 33014		
		City/State and Zip Code	·
	lmorales@eliaslaw.net		<del> ,</del>
or further information co	E-mail address: ( oncerning this matter, please c	to be used for future annual report notificall:	cation)
	oneering this mater, preuse of		
Lauren Morales, Esq.		305 823-2300 at ()	·
Name of	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for th	ne following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy tadditional copy is enclosed
<u>Mailing Addres</u> Registration S		<u>Street Address:</u> Registration Sect	ion

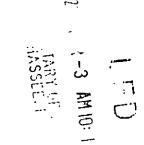
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations

TO:

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



SCOPE REALTY, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on  $\stackrel{02/28/2023}{-}$ \_\_\_\_\_ and assigned Florida document number 1.23000106460 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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	AMY CABALLERO	6330 SUNSET DR	DAdd
		MIAMI, F1, 33143	≣Remove
			☐ Change
MGR	PERLA VALENZUELA	6330 SUNSET DR	
		MIAMI, FL 33143	■Remove
		· <del></del>	□Change
MGR	STEPHEN M. COSTA	7441 SW 125 AVE	<b>■</b> Add
		MIAMI, FL 33183	□Remove
			□Change
			□Add
			Remove
			Change
			□Remove
			□Change
	<u> </u>		□Add
			□Remove
			□ Change

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an effec ote: T	re date, if other than the date of filing:
record is file	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 d.
ated _	- Dimil
	Signature of a member of authorized representative of a member

Typed or printed name of signee