L23000172636

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SECALTARY OF STATE
ASSESSED FLORIDA

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COVER LETTER

Division of Corp	orations		
SUBJECT: SC	rilla group	o LLC	
	Name of Limit	ted Lizbility Company	
The enclosed Articles of A	mendment and fee(s) are subt	mitted for filing.	
Please return all correspon	dence concerning this matter t	to the following:	
	Elisabet	Name of Person	
	Scrilla	Group LLC Firm/Company	
		Firm/Company	 -
	18672 N	oble Caspian	Drive
	Lutz, F	L 33558 City/State and Zip Code	
	EFASCELL	City/State and Zip Code	
	E-mail address: (t	AGROUP. COM o be dised for future annual report notifi	cation)
For further information cor	ncerning this matter, please ca		,
Elisabeth	Flach	at (8/3) 4/7 - Area Code Daytime	6868
Name of	Регвоп	Area Code Daytime	Telephone Number
Enclosed is a check for the	following amount:		
		□ \$55 00 Filipp Fac &	☐ \$60.00 Filing Fee,
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)

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

TO: Registration Section

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

	Group LLC		
(Name of the Limited (A	Liability Company as it now appears on Florida Limited Liability Company)	our records.)	
The Articles of Organization for this Limited Liab Florida document number <u>L 23000172</u>	oility Company were filed on Apr	il 6,2023	and assigned
This amendment is submitted to amend the follow			
A. If amending name, enter the new name of the	he limited liability company here:		
The new name must be distinguishable and contain the worn	ds "Limited Liability Company," the design	nation "LLC" or the abbrev	riation "L.L.C."
Enter new principal offices address, if applicab	de:		
(Principal office address MUST BE A STREET	ADDRESS)		
			2023 SEC
		ļ.	مسد با
Enter new mailing address, if applicable:			LE LE
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B. If amending the registered agent and/or reg agent and/or the new registered office address		rds, <u>enter the name o</u>	the new degistere
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida s	street address	
		, Florida	
	reganization for this Limited Liability Company were filed on April 6, 202 number 423000172636. is submitted to amend the following: name, enter the new name of the limited liability company here: be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the at the limited liability Company, the designat		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

or removed MGR = M	from our records:		
AMBR = A	namager Authorized Member		
<u>Title</u>	Name	Address	Type of Action
<u>ambr</u>	Patricia W. Broadb	ent 5320 clouds Peak	- Drive - Add
		Lutz, FL 33558	Remove
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			DbAd
			□ Remove
			Change
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an effective	ate, if other than the date is listed, the date must date inserted in this b effective date on the I	st be specific a lock does no	and cannot be pri t meet the appl	licable statutory	filing requireme	_(optional) ays after filing.; ints, this date	Pursuant to 6 will not be l	505.020 isted a
record spectified.	cifies a delayed effecti	ve date, but n	ot an effective	time, at 12:01	a.m. on the earlie	erof:(b) The	e 90th day a	fter the
ated	June	7	, 202	<u>3</u> .				
	Mn :	Polk	(.					
-		Signature of	a member or au	thorized represer	ntative of a member	<u> </u>		
				CC nted name of sig				

Filing Fee: \$25.00