

L230001750003

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

J. HORNE  
JUN - 6 2023

Office Use Only



400409738814

RECEIVED  
2023 JUN -5 PM 3:09  
SECRETARY OF  
TALLAHASSEE, FL

RECEIVED  
2023 JUN -5 AM 8:21  
SECRETARY OF  
TALLAHASSEE, FL

FLORIDA CAPITAL COURIER SERVICES, INC

2330 CLARE DRIVE

TALLAHASSEE, FL 32309

(850) 524-5437

(850) 524-6243

Please use funds from this account: I20210000160: \$25.00

Authorization Signature: :

**SCOPEGAP WOODWORKS LLC** **L23000175063**

BUSINESS NAME DOCUMENT #

     Certified Copy

     Certificate of Status

**NEW FILINGS**

- Profit Corp
- Not for Profit
- Limited Liability
- Domestication
- Other
- CORP
- LLLP

**OTHER FILINGS**

- Annual Report
- Fictitious Name
- APOSTILLE
- Country

**EXAMINER'S INITIALS:**           

**AMMENDMENTS**

- X Amendment**
- Resignation of R.A. Officer/Director
- Change of Registered Agent
- Revocation of Dissolution
- Merger
- Articles of Conversion
- Amended and restated Articles
- Statement of Authority

**REGISTRATION/QUALIFICATIONS**

- Foreign filing
- Limited Partnership
- Reinstatement
- Other

FLORIDA CAPITAL COURIER SERVICES, INC

2330 CLARE DRIVE

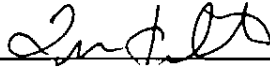
TALLAHASSEE, FL 32309

(850) 524-5437

(850) 524-6243

**Please use funds from this account: I20210000160: \$25.00**

Authorization Signature: \_\_\_\_\_:



**SCOPEGAP WOODWORKS LLC**

**L23000175063**

BUSINESS NAME

DOCUMENT #

\_\_\_ Certified Copy

\_\_\_ Certificate of Status

**NEW FILINGS**

\_\_\_ Profit Corp

\_\_\_ Not for Profit

\_\_\_ Limited Liability

\_\_\_ Domestication

\_\_\_ Other

\_\_\_ CORP

\_\_\_ LLLP

**AMMENDMENTS**

**X Amendment**

\_\_\_ Resignation of R.A. Officer/Director

\_\_\_ Change of Registered Agent

\_\_\_ Revocation of Dissolution

\_\_\_ Merger

\_\_\_ Articles of Conversion

\_\_\_ Amended and restated Articles

\_\_\_ Statement of Authority

**OTHER FILINGS**

\_\_\_ Annual Report

\_\_\_ Fictitious Name

\_\_\_ APOSTILLE

\_\_\_ Country

**REGISTRATION/QUALIFICATIONS**

\_\_\_ Foreign filing

\_\_\_ Limited Partnership

\_\_\_ Reinstatement

\_\_\_ Other

**EXAMINER'S INITIALS: \_\_\_\_\_**

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** SCOPEGAP WOODWORKS 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:

Jose L Torres Jr

\_\_\_\_\_  
Name of Person

SCOPEGAP WOODWORKS LLC

\_\_\_\_\_  
Firm/Company

2801 NW 60th. Ave #446

\_\_\_\_\_  
Address

Sunrise, Florida 33313

\_\_\_\_\_  
City/State and Zip Code

jtorres5673@yahoo.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jose Torres

305 4144307  
at ( ) \_\_\_\_\_  
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

SCOPEGAP WOODWORKS LLC

(Name of the Limited Liability Company as it now appears on our records)  
(A Florida Limited Liability Company)

2023 JUN -5 PM 3:10

SECRET  
TAMM HALL

The Articles of Organization for this Limited Liability Company were filed on April 10 2023 and assigned  
Florida document number 1.23000175063.

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 "L.L.C."

**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:

Jose L. Torres Jr

New Registered Office Address:

Enter Florida street 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**



**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

[illegible]

**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated \_\_\_\_\_, \_\_\_\_\_

7-5-

Signature of a member or authorized representative of a member

Jose L. Torres Jr.

Typed or printed name of signee

**Filing Fee: \$25.00**