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COVER LETTER

TO: **Registration Section Division of Corporations** Scott Capon Architecture & Design, LLC SUBJECT: 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: Scott Capon Name of Person Firm/Company 9126 Palm Tree Drive Address Windermere, FL 34786 City/State and Zip Code scott.e.capon@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Scott Capon Name of Person Daytime Telephone Number Enclosed is a check for the following amount: \$25.00 Filing Fee □ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (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

Scott Capon Architecture & Design LLC	
(Name of the Limited Liability Compa (A Florida Limited l	iny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number L23000485687	were filed on 10/24/2023 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabi Enter new principal offices address, if applicable:	lity Company," the designation "LLC" or the abbreviation "L.L.C."
(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 a	address on our records, enter the name of the new registered
agent and/or the new registered office address here:	:2
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida

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.

Cuy

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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>	<u>Address</u>	Type of Action
MGR	Scott Capon	9126 Palm Tree Drive, Windermere, FL 34786	= Add
			🗆 Remove
			□Change
			□Add
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		 	□Change
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agent as this is going to be an	rchitecture firm and he is the registered archi	tect Daniel Waldron is not the
		teet. Daner Walden is not the
principal manager.		
	 	
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		~
	be specific and cannot be prior to date of filing or maked does not meet the applicable statutory filing	
·		
ord specifies a delayed effective filed.	date, but not an effective time, at 12:01 a.m. o	on the earlier of: (b) The 90th day after
December 13th	2023	
d		
	grature of a member or authorized representative	<u></u>