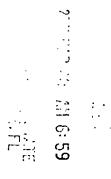


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COVER LETTER

	Registration Sec Division of Corp					
SUBJEC	77 SCUTTE	R. LLC				
SUBJEC	1;	Name of Limi	ited Liability Company			
The enclo	osed Articles of A	Amendment and fee(s) are sub-	mitted for filing.			
Please ret	urn all correspon	ndence concerning this matter	to the following:			
		Dorothy L. Korszen, Esq.				
			Name of Person			
		Farr Law Firm P.A.				
			Firm/Company			
		237 Nokomis Avenue Sou	th			
			Address			
		Venice, FL 34285				
			City/State and Zip Code		; <u>.</u> ;	
		emccormack@farr.com		•	E:	
		E-mail address: (to be used for future annual report notification)		ती 6:5	
For furth	er information co	oncerning this matter, please co	ali:	11	: 59	
Dorothy	L. Korszen, Esq.		941 484-1996 at ()		_	
	Name of	Person	Area Code Daytime Telephone No	ımber		
Enclosed	is a check for th	e following amount:				
\$2 5.	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy Cer (additional copy is enclosed) Cer	00 Filing F tificate of S tified Copy litional copy is	Status &	
	Mailing Address Registration S Division of Co P.O. Box 632	ection orporations 7	Street Address: Registration Section Division of Corporations The Centre of Tallahassee			
	Tallahassee, FL 32314 2415 N. Monroe Street, Suite					

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

77 SCUTTER, 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 January 29, 2024 and assigned Florida document number L24000053952

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

77 SCUDDER, LLC

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:

New Registered Agent's Signature, if changing Registered Agent:

Name of New Registered Agent:

New Registered Office Address:

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

Enter Florida street address

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
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			□Remove
			□Change
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Filing Fee: \$25.00