

To:

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2024-08-23 04:19:46 UTC+14

18506176333

From: ZenBusiness User

H24000281594 3

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax and bnumber (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ZENBUSINESS INC.

Account Number : I20230000190

Phone : (844)449-3624

Fax Number : (512)597-0678

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2024 AUG 22 PM 1:16

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SCAPEGOT'S HOME IMPROVEMENT & HARDSCAPES LLC

Certificate of Status	0
Certified Copy	0
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M. SOLOMON

AUG 22 2024

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Corporate Filing Menu

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To:

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2024-08-23 04:19:46 UTC-14 18506176383
ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

From: ZenBusiness User

H24000281594 3

Scapegoat's Home Improvement & Hardscapes 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 04-30-2024 and assigned
Florida document number L24000201636.

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)

700 SE Becker Rd

#532

Port Saint Lucie, FL 34984

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

700 SE Becker Rd

#532

Port Saint Lucie, FL 34984

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

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

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MGR = Manager
AMBR = Authorized Member

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Title	Name	Address	Type of Action
AMBR	Tyler Woford	700 SE Becker Rd	<input type="checkbox"/> Add
		#532	<input type="checkbox"/> Remove
		Port Saint Lucie, FL 34984	<input checked="" type="checkbox"/> Change
AMBR	Devin Faulkner	700 SE Becket Rd	<input type="checkbox"/> Add
		#532	<input checked="" type="checkbox"/> Remove
		Port Saint Lucie, FL 34984	<input type="checkbox"/> Change
AMBR	Bernadette Sabatello-Wolfor	700 SE Becker Rd	<input checked="" type="checkbox"/> Add
		#532	<input type="checkbox"/> Remove
		Port Saint Lucie, FL 34984	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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MADE RECORD

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

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TALLAHASSEE, FLORIDA

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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 August 22nd 2024

/s/ Tyler Wolford

Signature of a member or authorized representative of a member

Tyler Wolford

Typed or printed name of signee