## L24000291244

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## **COVER LETTER**

Registration Section

TO:

Division of Cor	porations			
Gagnon Sco	ott, LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	endence concerning this matter	to the following:		
	Scott Gagnon			
		Name of Person		
	Gagnon Scott, LLC			
		Firm/Company		
	1604 King James Court			·->
		Address	<u> </u>	
	Lakeland, FL 33813			- C
	gagnonscott@live.com	City/State and Zip Code	ASSE	10 PH 2:51
	E-mail address: (	to be used for future annual report noti	fication)	: D PH 2:5
For further information of	oncerning this matter, please c	all:	۲۰	7TE
Bonnie Phillips		863 967-7888		
Name o	f Person	Area Code Daytim	e Telephone Number	
Enclosed is a check for the	he following amount:			
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &
<u>Mailing Addres</u> Registration : Division of C	Section	<u>Street Address:</u> Registration So Division of Cor		
P.O. Box 632		The Centre of T	'allahassee e Street, Suite 8	10
Tallahassee,	FL 32314	2415 IN. IVIOIIIO	c succe, suite o	10

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Gagnon Scott, LLC			
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our recorbility Company)	<u>ds.</u> )	
ne Articles of Organization for this Limited Liability Company worlda document number L24000291244	ere filed on June 27, 2024		and assigned
is amendment is submitted to amend the following:			
If amending name, enter the new name of the limited liabili	ty company here:		
agnonScott LLC			
ie new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LL	C" or the abbro	eviation "L.L.C."
nter new principal offices address, if applicable:			
•			5.71
rincipal office address MUST BE A STREET ADDRESS)		·	
		72-	
		AHAS	
nter new mailing address, if applicable:		, ~	· · · · · · · · · · · · · · · · · · ·
Aailing address MAY BE A POST OFFICE BOX)		EL C	
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		<del></del>	<del>- <u> </u></del>
If amending the registered agent and/or registered office adent and/or the new registered office address here:  Name of New Registered Agent:	ldress on our records, <u>ente</u>	r the name	of the new regis
New Registered Office Address:	Enter Florida street addre	ess	
W	, F	lorida	Zip Code
	Cuy		Lip vouc

## 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

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>	Name	Address	Type of Action
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ite: If the date inserted in this	he date of filing:  must be specific and cannot be prior block does not meet the application.  Department of State's records.	able statutory filing requ	(optional) 190 days after filing.) Purements, this date wil	rsuant to 605.020° I not be listed as
ecord specifies a delayed effect is filed.	tive date, but not an effective ti	me, at 12:01 a.m. on the	earlier of: (b) The 9	0th day after the
ted July 2	. 2024	·		
()I_ M				
Scot Da	Signature of a member or author	nized representative of a m	ember	

Filing Fee: \$25.00