

L24 000 295 664

VIA

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

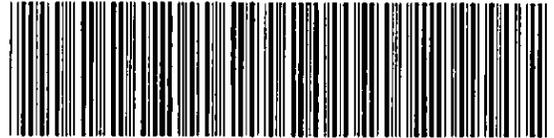
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

Office Use Only



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08/22/24--01014--003 **25.00

2024 AUG 23 11:23:25

The Law Office of Clifford J. Geismar, P.A.
Crealde Executive Center
2431 Aloma Avenue, Suite 109
Winter Park, Florida, 32792
Phone: 407-673-1087
Fax: 407-673-0375
cgeismar1@gmail.com

*Also licensed to practice law in N.Y. and Ct.

August 19, 2024

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Articles of Amendment to Articles of Organization of
SCGUY LLC
Document Number: L24000295664

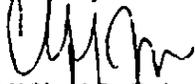
Dear Sir/Madam:

Enclosed are the Articles of Amendment to Articles of
Organization of SCGUY LLC along with a check made payable to
the State of Florida Division of Corporations in the amount of
\$25.00.

Please return a copy of this correspondence in the enclosed self-
addressed stamped envelope

Thank you for giving this your attention.

Sincerely,


Clifford J. Geismar

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SCGUY 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:

Clifford J. Geismar
Name of Person

Firm/Company

3975 Flowering Stream Way
Address

Oviedo Florida 32766
City/State and Zip Code

cgeismar1@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Clifford J. Geismar at (407) 673 1087
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 Filing Fee & Certificate of Status
- \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$60.00 Filing Fee, Certificate of Status & 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

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>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
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