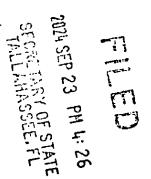
## L24000309054

Office Use Only



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## **COVER LETTER**

TO:

Registration Section

Tallahassee, FL 32314

Div	ision of Corp	porations				
0415.45.55	Scaffold Pro	o LLC				
SUBJECT:		Name of Limi	ted Liability Company			
The encloses	1 Articles of	Amendment and fee(s) are subt	mitted for filing			
Please return	i all correspo	ndence concerning this matter t	to the following:			
		Jochelle Fortune				
		Name of Person				
		Assiduous Fortune Solution	ns			
		<del></del> .	Firm/Company			
		8502 Madeline Rose Ln				
			Address			
		Houston, TX, 77055				
			City/State and Zip Code	• · · • • • • • • • • • • • • • • • • •		
		assiduous fortunes olutions@				
		E-mail address: (	to be used for future annual report r	notification)		
For further i	nformation c	oncerning this matter, please ca	ali:			
Jochelle Fo	rtune		954 918 9745 at ( )	i		
	Name o	f Person		time Telephone Number		
Enclosed is	a check for the	he following amount:				
<b>■ \$25.00</b>	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)		
	A dd		Chrosch Address			
	ailing Addrese egistration		<u>Street Address</u> Registration			
	_	Corporations	Division of (			
	O. Box 632			of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Scattold Pro LLC		
(Name of the Limited	Liability Company as it now appears on our records.) Florida Limited Liability Company)	<del></del>
he Articles of Organization for this Limited Liab lorida document number	pility Company were filed on 07/11/2024	and assigned
nis amendment is submitted to amend the follow		
. If amending name, enter the new name of t	he limited liability company here:	
e new name must be distinguishable and contain the wor	ds "Limited Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
nter new_principal offices address, if applicab	ole:	<u></u>
Principal office address MUST BE A STREET	ADDRESS)	
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BO	OX)	
<ul> <li>If amending the registered agent and/or reg gent and/or the new registered office address</li> </ul>	istered office address on our records, <u>enter th</u> <u>here</u> :	e name of the new registe
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	. Flori	ida
	City	Zin 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 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>	Address	Type of Action
MGR	MERLY NATALIA ACEVEDO G	1715 N 16TH AVE, APT 301	
		HOLLYWOD, FL 33020	⊟Remove
			☐ Change
MGR	Assiduous Fortune Solutions LLC	170 SW 1st Ct	<b>≘</b> Add
		Deerfield Beach, Florida, 33069	□Remove
			Change
			DAdd
			□Remove
			□Add
			□Remove
			□Change
			□Add
			Remove
			□ Remove
			Change

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	to of filings	lomá	:D
nativo data if ather than the de	specific and cannot be prior to date	of filing or more than 90 days after	ionai)
ective date, if other than the da a effective date is listed, the date must be			er filing.) Pursuant to 605,020
te: If the date inserted in this block	does not meet the applicable st	tatutory filing requirements, th	is date will not be listed as
te: If the date inserted in this block	does not meet the applicable st	tatutory filing requirements, th	er filing.) Pursuant to 605,020 is date will not be listed as
te: If the date inserted in this block turnent's effective date on the Depa cord specifies a delayed effective date.	does not meet the applicable st rtment of State's records.		is date will not be listed as
te: If the date inserted in this block turnent's effective date on the Depa cord specifies a delayed effective date.	does not meet the applicable st rtment of State's records.		is date will not be listed as
te: If the date inserted in this block cument's effective date on the Depa cord specifies a delayed effective dis filed.  September 19th	does not meet the applicable st rtment of State's records.		is date will not be listed as
ective date, if other than the date offective date is listed, the date must be te: If the date inserted in this block current's effective date on the Department's adelayed effective date is filed.  September 19th	does not meet the applicable st rtment of State's records. ate, but not an effective time, at		is date will not be listed as
te: If the date inserted in this block cument's effective date on the Department's effective date on the Department's effective date of specifies a delayed effective date of specifies	does not meet the applicable strument of State's records.  ate, but not an effective time, at  2024	: 12:01 a.m. on the earlier of: (	is date will not be listed as
te: If the date inserted in this block cument's effective date on the Department's effective date on the Department's effective date of specifies a delayed effective date of specifies	does not meet the applicable st rtment of State's records. ate, but not an effective time, at	: 12:01 a.m. on the earlier of: (	is date will not be listed as

Filing Fee: \$25.00