L24000421826

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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FILED
2025 JAN -8 PM 12:04
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: SKOOBYLIFE & HEALTH INSURANCE AGENCY 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:

SANET LOUISSAINT
Name of Person

SKOOBYLIFE & HEALTH INSURANCE AGENCY LLC
Firm/Company

4254 UNBRIDLED SONG DR
Address

SUN CITY CENTER FL 33573
City/State and Zip Code

SCOOBYLIFEHEALTH@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SANET LOUISSAINT at (813) 530-5634
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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

SKOOBYLIFE & HEALTH INSURANCE AGENCY LLC FILED

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

2025 JAN -8 PM 12:05

The Articles of Organization for this Limited Liability Company were filed on 09/30/2024 SECRETARY OF STATE TALLAHASSEE, FL and assigned Florida document number L24000421826.

This amendment is submitted to amend the following:

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

SCOOBYLIFE & HEALTH INSURANCE AGENCY LLC

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)

4254 UNBRIDLED SONG DR SUN CITY CENTER FL
33573

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

4254 UNBRIDLED SONG DR SUN CITY CENTER FL
33573

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

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

Title	Name	Address	Type of Action
OWNER	SANET LOUISSAINT	4254 UNBRIDLED SONG DR SUN CITY CENTER	■ Add
		FL 33573	☐ Remove
			☐ Change
MGR	KETURA DISCOT	111 NE 26th Street Pompano Beach FL 33064	☐ Add
			■ Remove
			☐ Change
AMBR	KETURA DISCOT	111 NE 26th Street Pompano Beach FL 33064	■ Add
			☐ Remove
			☐ Change
AMBR	ODESE K SOSSOUS	4254 UNBRIDLED SONG DR SUN CITY CENTER	■ Add
		FL 33573	☐ Remove
			☐ Change
MGR	ODESE K SOSSOUS	4254 UNBRIDLED SONG DR SUN CITY CENTER	☐ Add
		FL 33573	■ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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

I WANT TO REMOVE KETURA DISCOT FROM BEING A MGR TO AMBR(AUTHORIZED MEMBER)

ALSO ODESE K SOSSOUS FROM MGR TO AMBR (AUTHORIZED MEMBER) INSTEAD.

BY MISTAKE WHEN I FILED THE APPLICATION I ADDED MYSELF AS REGISTERED AGENT ONLY.

BUT I DIDN'T KNOW IF I HAD TO PUT MYSELF TOO AS A OWNER. THIS IS THE REASON I'M

FILLING THIS REQUEST TO HELP ME PLEASE FIX THE ERRORS AND MISTAKE ON MY LLC.

ALSO THE BUSINESS NAME SPELLED WRONG. THE WORD: SKOOBY SHOULD BE (SCOOBY)

WITH LETTER ("C") NOT"K".

IF ANY CONFUSION PLEASE CALL ME AT 813-530-5634 OR CALL MY BUSINESS LINE 833-500-1619

CHOOSE OPTION 3. ADMINISTRATION. THANK YOU !

ATT- SANET LOUISSAINT.

E. Effective date, if other than the date of filing: 09-30-2024 **(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 1/2/2025, 6:12PM

Signature of a member or authorized representative of a member

SANET LOUISSAINT

Typed or printed name of signee

Filing Fee: $25.00