

169 00001831

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

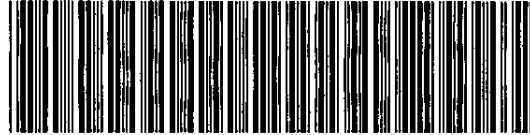
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALEAHASSEE, FLORIDA

J. Shivers DEC 01 2014

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SCRIBEAMERICA, LLC.

Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Scarlett Montero

Name of Person

SCRIBEAMERICA, LLC

Firm/Company

20900 NE 30th Ave. Suite 703

Address

Aventura, FL 33180

City/State and Zip Code

smontero@scribeamerica.com

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

For further information concerning this matter, please call:

Scarlett Montero

Name of Person

at ( 786 ) 279-1056

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

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

**Enclosed is a check for the following amount:**

☒ \$25 Filing Fee

☐ \$30 Filing Fee &  
Certificate of Status

☐ \$55 Filing Fee &  
Certified Copy

☐ \$60 Filing Fee,  
Certificate of Status &  
Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT  
BUSINESS IN FLORIDA**

**SECTION I (1-3 must be completed)**

1. Name of limited liability Company as it appears on the records of the Florida Department of State: SCRIBEAMERICA, LLC

2. Jurisdiction of its organization: CALIFORNIA

3. Date authorized to do business in Florida: 05/15/2009

**SECTION II (4-7 complete only the applicable changes)**

4. New name of the limited liability company: \_\_\_\_\_  
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

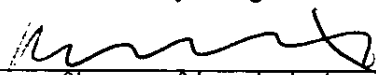
\_\_\_\_\_  
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

5. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:  
\_\_\_\_\_

6. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change: Remove: Luis Moreno - Title: CMO

Add: Michael Welch - Title: CFO

7. Attached is an original certificate, if required: no more than 90 days old, evidencing the  
aforementioned amendment(s), duly authenticated by the official having custody of records in the  
jurisdiction under the law of which this entity is organized.

  
\_\_\_\_\_  
Signature of the authorized representative

Michael Murphy - CEO

Typed or printed name of signee

**Filing Fee: \$25.00**

**FILED**  
14 NOV 17 AM 9:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA