

M18 000000211

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

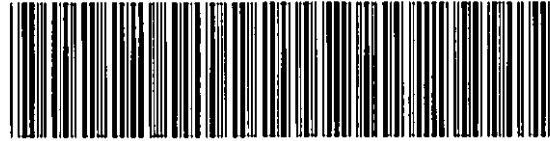
(Document Number)

Certified Copies _____ Certificates of Status _____

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10/6

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2020 OCT -6 A 10:41

STATE
CLERK
TALLAHASSEE, FLORIDA

LLC
AMEND

OCT 12 2020

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 15, 2020

from GLENN P. SCHARF
1538 STICKNEY POINT ROAD, STE 101A
SARASOTA, FL 34231

SUBJECT: SCHARF GROUP, L.L.C.
Ref. Number: M18000000211

We have received your document for SCHARF GROUP, L.L.C. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience. — *✓ HERE ATTACHED*

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6842.

Deborah Bruce
Corporate Records Supervisor II

Letter Number: 020A00017570

Thank you for your help!

2020 OCT -6 PM 1:17

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SCHARF GROUP 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:

GLENN P SCHARF

Name of Person

SCHARF GROUP LLC

Firm/Company

1538 STICKNEY POINT ROAD, SUITE 101A

Address

SARASOTA, FL 34231

City/State and Zip Code

gscharf@scharfgroup.com

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

For further information concerning this matter, please call:

GLENN SCHARF

Name of Person

at (941) 960 - 2829

Area Code & Daytime Telephone Number

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

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

THIS WAS PAID + ISSUED
7/30/2020
CR2E055 (9/15)

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

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: SCHAEF GROUP, LLC.

Enter new principal office address, if applicable: _____

(Principal office address
MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: _____

(Mailing address
MAY BE A POST OFFICE BOX)

FILED
2020 OCT -6 AM 11:11
CLERK OF THE COURT
STATE OF FLORIDA

2. The Florida document number of this limited liability company is: 18000000211

3. Jurisdiction of its organization: PENNSYLVANIA

4. Date authorized to do business in Florida: 1/8/2018

SECTION II (5-9 complete only the applicable changes)

5. 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.")

6. If amending the registered agent and/or registered officer 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: 4856 HANGING MOSS LANE
Enter Florida Street Address

SARASOTA, Florida 34238
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.

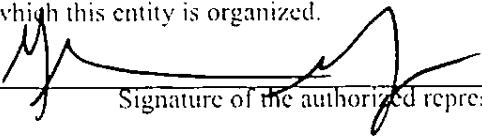
If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>Ambr</u>	<u>Glenn P. Scharf</u>	<u>4856 Hanging Moss Lane</u> <u>SARASOTA, FL 34238</u>	<input checked="" type="checkbox"/> Add
		<u>5156 Little Back Cr,</u> <u>SARASOTA, FL 34238</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
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9. Attached is a 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

Glenn P. Scharf

Typed or printed name of signee

Filing Fee: \$25.00