

LD2000011272

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EXAMINER

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07/15/09--01053--006 **163.75

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09 AUG 11 PM 2:52

SECRETARY OF STATE
TALLAHASSEE FLORIDA

FF \$25.00

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SCG Capital Profit Sharing Plan, dba BONEFISH, 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:

Ramona Rusu

Name of Person

SCG Commercial Real Estate

Firm/Company

74 West Park Place

Address

Stamford/CT 06901

City/State and Zip Code

rrusu@scgre.com

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

For further information concerning this matter, please call:

Linda Gargano

Name of Person

at (203)

324-9495 ext. 222

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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/COURIER ADDRESS:

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 16, 2009

RAMONA RUSU
74 WEST PARK PLACE
STAMFORD, CT 06901

SUBJECT: SCG CAPITAL PROFIT SHARING PLAN, L.L.C.
Ref. Number: L02000011272

We have received your document for SCG CAPITAL PROFIT SHARING PLAN, L.L.C. and your check(s) totaling \$163.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

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) 245-6967.

Leslie Sellers
Regulatory Specialist II

Letter Number: 409A00024466

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

SCG CAPITAL PROFIT SHARING PLAN, L.L.C.

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

The Articles of Organization for this Limited Liability Company were filed on 07/28/09 and assigned
Florida document number L02000011272.

This amendment is submitted to amend the following:

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

SCG Capital Profit Sharing Plan, BONEFISH L.L.C.

The new name must be distinguishable and end with 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) _____

Enter new mailing address, if applicable: _____

(Mailing address MAY BE A POST OFFICE BOX) _____

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

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 608, 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

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CLERK OF CIRCUIT COURT
ALLAHASSEE FLORIDA

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing 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"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

Dated JULY 28, 2009.



Signature of a member or authorized representative of a member

LAWRENCE GOICHMAN

Typed or printed name of signee

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 SECRETARY OF STATE
 TALLAHASSEE FLORIDA