## L08000082117

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C. LEWIS

OCT 1 62008

EXAMINER

## **COVER LETTER**

TO: Registration So Division of Con		•			
SUBJECT: SCT M	ANAGEMENT, LLC				
	(Name of Lim	ited Liability Company)			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspondence concerning this matter to the following:					
	Č	Ü			
	Chittranjan Thakkar				
		(Name of Person)			
	RNCT, LLC				
		(Firm/Company)			
	5875 Peachtree Industria	al Blvd Ste 340			
		(Address)			
	Norcross, Georgia 30092	2			
(City/State and Zip Code)					
For further information of	concerning this matter, please c	all:			
Chittranjan Thakkar		at ( 770 ) 734-4311			
(Name	of Person)	(Area Code & Dayı	ime Telephone Number)		
Enclosed is a check for t	he following amount:				
□ \$25.00 Filing Fee	☑\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy	□\$60.00 Filing Fee, Certificate of Status &		

**MAILING ADDRESS:** 

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

STREET/COURIER ADDRESS:

Certified Copy

(additional copy is enclosed)

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

(additional copy is enclosed)

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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SCT MANAGEMENT, LLC

SEURETARY OF STATE
TALLAHASSEE, FLORIDA

(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 Liabili	ity Company were filed on AUGUS	ST 28, 2008 and assigned
Florida document number L08000082117		
This amendment is submitted to amend the following	ag:	
A. If amending name, enter the new name of the	limited liability company here:	
SCT MANAGEMENT COMPANY, LLC		
The new name must be distinguishable and end with the "L.L.C."	e words "Limited Liability Company,"	" the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable	*	
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO)	<u> </u>	
	****	
B. If amending the registered agent and/or r registered agent and/or the new registered office		records, enter the name of the new
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 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 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 **Title Address** Type of Action <u>Name</u> ☐ Add ☐ Remove \_ Add Remove Remove Remove Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated OCTOBER 9, 2008 Signature of a member or authorized representative of a member CHITTRANJAN THAKKAR-MANAGER OF RNCT, LLC (MEMBEL)

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00