118000045553

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(Ac	ldress)	
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COVER LETTER

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SUBJE		aydin, LLC			
SOBIL		Name of Lim	ited Liability Company		
The enc	closed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please	return all correspo	ondence concerning this matter	to the following:		
		John Cooney	Name of Limited Liability Company Dendment and fee(s) are submitted for filing. Dendement and fee(s) are submitted fee		
			Name of Person		
		Stofft Cooney Architects L	LLC		
			Firm/Company		
		633 9th Street N, Suite 300)		
			Address		
		Naples, FL 34102			
			City/State and Zip Code		•
		amanda@stofftcooncy.com			
			·	ication)	
For furt	ther information c	oncerning this matter, please co	all:		
Amand	la Meyers				
	Name o	f Person	Area Code Daytime	Telephone Number	
Enclose	ed is a check for t	he following amount:			
\$25	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certifica Certified	te of Status & Copy

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SC-Keewaydin, LLC		
(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	y as it now appears on our records.) liability Company)	
The Articles of Organization for this Limited Liability Company of Florida document number L18000045553	were filed on 02/20/2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or the	e 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)		
municipal period of the period		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here. Name of New Registered Agent:		ter the name of the ne
		5 In
New Registered Office Address:	Enter Florida street address, Florida	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

<u>Title</u>	Name	Address	Type of Action
AMBR	FJP, LLC	348 Woodhill Road	≅ Add
		Newton, PA 18940	П.,
			Change
			□ Add
			□ Remove
			☐ Change
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(If an effectiv <u>Note:</u> If t	late, if other than the date of filing e date is listed, the date must be specific and e date inserted in this block does not me effective date on the Department of S	cannot be prior to dat seet the applicable s	e of filing or more than	(optional) 90 days after filing.) Pursua ements, this date will not	nt to 605.020 [*] t be list ed a s
If the record (b) The 90	specifies a delayed effective d h day after the record is filed.	ate, but not an	effective time, a	t 12:01 a.m. on the	e earlier o
	2/21/2018/				
Dated					
Dated	for lan,		representative of a mer		

Page 3 of 3

Filing Fee: \$25.00