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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : J L HOFMANN & ASSOCIATES, P.A.

Account Number : I19990000022 : (305)666-0024 Phone Fax Number : (305)666-0028

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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7/1/2016 4:00 PM

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Scout 350L		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)	·
The Articles of Organization for this Limited Liability Company Florida document number L16000082440	y were filed on April 26, 2016	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited link	bility company here:	
		3500
The new name must be distinguishable and contain the words "Limited Liah	ility Company," the designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STRUET ADDRESS)		
		Fs a
Enter new mailing address, if applicable:		9E =
		C. T.
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address he Name of New Registered Agent. New Registered Office Address:		he name of the new
New Registered Office Address.	Enter Florida street address	···-
	, Florida	Tin Chala
	•	Ap Code
New Registered Agent's Signature, if changing Registered Agent	<u>t:</u>	
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	e performance of my duties, and I am for provided for in Chapter 605, F.S. Or, 1	emiliar with and If this document is
H Ch:	anging Registered Agent, Signature of New Reg	istered Agent
	•	

Page 1 of 3

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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>	<u>Name</u>	Address	Type of Action
MGR.	Richard Dvorak	420 S. Dixie Highway, Suite 4B	
		Coral Gables, FL 33146	■ Remove
			Сһапус
MGR	John L. Hofmann	420 S. Dixie Highway, Suite 4B	Add
		Coral Gables, Fl. 33146	☐ Remove
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fective date, if other than an effective date is listed, the date of inserted in the date inserted in the date on the date on the effective date on the effective date of the effective date. The 90th day after the	is block does he Departmen syed effecti	not meet that of State's live date, iled.	e applicable records. but not an	statutory filing	, requirements	s, this date wil	l not be lis	sted as the
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