L030000412351

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JUL 15 2014 D. ERUCE

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT: Scaglione Properties L and R, 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:

Ronald Scaglione

Name of Person

Corporate Office

Firm/Company

6300 Sagewood Dr H-117

Address

Park City, UT 84098

City/State and Zip Code

propertyinfo@me.com

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

For further information concerning this matter, please call:

Ron Scaglione

₄,813 \908-221

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

■ \$25.00 Filing Fee

□ \$30.00 Filing Fee & Certificate of Status

□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)

□ \$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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Scaglione Properties L and R, LLC (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 10/27/2003 and assigned Florida document number L03000041251 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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) Z E 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

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Florida

Zip Code

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager

<u>Title</u>	<u>Name</u>	Address Type of Action
MGR	Scagione, Ronald	218 E Bearss Ave #409
		Tampa, FL 33613
MGR	Scaglione, Megan	218 E Bearss Ave #409 _ RAdd
		Tampa, FL 33613
MGR	Scaglione, Basil	218 E Bearss Ave # 409 _ Add
		Tampa, FL 33613 ■ Remove
		Compared to the compared
		G □ dd □ G Remove
		Remove

I	amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)			
	•	•		
(1	he effective date must b	ner than the date of filing:	- or filed date and cannot be more	(optional) than 90 days after
	the date this document is Dated July 9	s filed by the Florida Department of State)	<u></u>	
		-	athorized representative of a mo	ember

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Filing Fee: \$25.00

