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SECRETARY OF STATE
FAIL AHASSEE FLORID.

J. BRYAN

AUG 1 8 2011

EXAMINER

COVER LETTER

TO:	Registration Sec Division of Corp			
SUBJE	CT: SCORPIC	ON PROPERTIES L.L.C. Name of Lim	ted Liability Company	
		umendment and fee(s) are sultence concerning this matter	·	
		DON FACCIOBENE	Name of Person	
		SCORPION PROPERT	IES L.L.C. Firm/Company	TANG 17 MIN: 26 MANG 17 MIN: 26 SECRETARY OF STATE SECRETARY OF STATE SECRETARY OF STATE
		5055 BABCOCK ST	., NE, SUITE 4 Address	SSEE. F.
		PALM BAY, FL 3	2905 City/State and Zip Code	DORIDO
	1	DON@DFI-GC.COM E-mail address; t	o be used for future annual report notifica	tion)
For fun	her information co	ncerning this matter, please c	all:	
	DON_FACCIOB Name of		at (<u>321</u>) <u>727-7100</u> Area Code & Daytime T	elephone Number
Enclose	d is a check for the	e following amount:		· .
□\$2 5.	00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	MAILIN	NG ADDRESS:	STREET/COURIER	t ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION, OF



SCORPION PROPERTIES 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 Liai	niny Company were ii	led onDECEMB	ER 29, 2004 and assigned
Florida document number _L04000090975	,		
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of t	he limited liability co	mpany here:	
N/A			
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liab	ility Company," the d	esignation "LLC" or the abbreviation
Enter new principal offices address, if applical	ole: N/A	<u> </u>	
(Principal office address MUST BE A STREET	ADDRESS)		
	Муника учет и и и и и		The second control of
Enter new mailing address, if applicable:	505	55 BABCOCK STREE	T, NE, #4
(Mailing address MAY BE A POST OFFICE BOX)		LM BAY, FL 3290	05
	value a common Alife Maria	A Williams	The second secon
B. If amending the registered agent and/or registered agent and/or the new registered office		iress on our recor	ds, <u>enter the name of the new</u>
Name of New Registered Agent:	N/A	······································	
New Registered Office Address:			
· · · · · · · · · · · · · · · · · · ·		Enter Florida street address	
		٠	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 Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager
MGRM = Managing Member

<u>Title</u> <u>Name</u>

<u>Title</u>	Name	Address	Type of Action
MGR	DON FACCIOBENE	5055 BABCOCK ST., NE, #4 .	X Add
		PALM BAY, FL 32905	Remove
		•	
<u> </u>			Add Remove
n =44	en committee ever a committee en		Add Remove
	-		Add
			- Name of the second
			Remove
•			Remove
D. If an	nending any other information, ento	er change(s) here: (Attach additional sheets, if neces	SECRETARY SECRETARY SECRETARY
	N/A		ASS I
		· · · · · · · · · · · · · · · · · · ·	PAII: 26
			STATE 21
			
Dated	JANUARY 8		
	THE STATE OF THE S		
	1 /	a member or authorized representative of a member	
	DON FACCI	Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00