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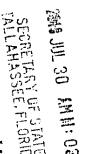
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T. CLINE

AUG - 2 2010

EXAMINER

COVER LETTER

TO:	Registration Sect Division of Corp			
SURJE	ECT: :-	SCOTTISH	HOLDINGS, LLC	
			ited Liability Company	~
The en	closed Articles of A	mendment and fee(s) are sul	bmitted for filing.	
Please	return all correspond	dence concerning this matter	r to the following:	
		NA	TALIE MACPHERSON	-
			Name of Person	
		sco	OTTISH HOLDINGS, LLC	
			Firm/Company	
		5	436 N. NAKOMA DR.	
			Address	TACI ME
		BE\	/ERLY HILLS, FL 34465	至
			City/State and Zip Code	SECRETARY OF TALLAHASSEE
		E-mail address: (to be used for future annual report notification)	
For fur	ther information cor	ncerning this matter, please of	call:	NATE OF
•	NATALIE	MACPHERSON	at (352) 563-0028	
	Name of I	Person	Area Code & Daytime Telephone Num	ber
Enclose	ed is a check for the	following amount:	success of the second s	
\$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	Certified Copy Certification (additional copy is enclosed) Certification Certification (additional copy is enclosed)	Filing Fee, icate of Status & ied Copy ional copy is enclosed)
				,
	Registrat Division P.O. Box	IG ADDRESS: ion Section of Corporations 6327 eee, 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

SCO	TISH HOLDINGS, LL	C	 	
(A F	iability Company as it now appea lorida Limited Liability Company)	rs on our records.)		
The Articles of Organization for this Limited Lial	bility Company were filed on	01/06/2005	and assigned	
Florida document numberL05000020	<u>.</u> .			
•				
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of t	he limited liability company he	<u>re</u> :		
	,			
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Comp	any," the designation."L	LC" on the abbreviation	
Enter new principal offices address, if applicab	ole:	2	H = 11	
(Principal office address MUST BE A STREET	ADDRESS)	် တွ	3 3	
		; 11	9 11	
Enter new mailing address, if applicable:		<u> </u>	1 C3	
(Mailing address MAY BE A POST OFFICE B	<u> </u>			
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on ce address here:	our records, <u>enter t</u>	ne name of the new	
Name of New Registered Agent:	er i i grand er i grand e			
New Registered Office Address:	Enter Florida street address			
	City	, 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 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.

		·	
MGR = Ma MGRM = N	nager Managing Member	•	
<u> Fitle</u>	<u>Name</u>	Address	Type of Action
MGRM	COLIN MACPHERSON	5436 N NAKOMA DR BEVERLY HILLS FL 34465	Add Remove
			Add Remove
·			Add Remove
·			Add Remove
<u>-</u>			ASSE DAdd
			Remove
D. Ifamen	ding any other information, enter cl	hange(s) here: (Attach additional sheets, if nece	
_			
Dated	7-23-	2010 .	
•	_	ember or authorized representative of a member	
		ATALIE MACPHERSON yped or printed name of signee	,,,,,

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:

Page 2 of 2

Filing Fce: \$25.00