

L06000049925

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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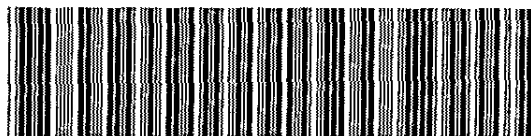
(Business Entity Name)

(Document Number)

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SC Financial Group, 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:

Debra Webber, President / CEO  
(Name of Person)

SC Financial Group, LLC.  
(Firm/Company)

12058 San Jose Blvd., #502  
(Address)

Jacksonville, Florida 32223  
(City/State and Zip Code)

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For further information concerning this matter, please call:

Debra Webber at ( 904 ) 268-7702  
(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**

SC Financial Group, LLC.

(Present Name)  
(A Florida Limited Liability Company)

**FIRST:** The Articles of Organization were filed on 5/15/06 and assigned  
document number L06000049925.

**SECOND:** This amendment is submitted to amend the following:

Address Change: 12058 San Jose Blvd., Ste 502

Jacksonville, Florida 32223

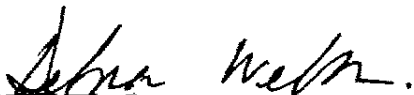
Member Change: 100% Member is G. Gordon Symons

Debra Webber is the Manager, President and CEO

Authorized representative for G. Gordon Symons/SC Financial Group, LLC.

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Dated September 05, 2007



Signature of a member or authorized representative of a member

Debra Webber, President/CEO Authorized Representative

Typed or printed name of signee

**Filing Fee: \$25.00**