100120609

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	те)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

G. MCLEOD

MAY - 5 2010

EXAMINER



600179931596

05/03/10--01034--016 **25.00

30 MAY -4 PH 3: 16

DIVISION OF CORPOPATIONS

COVER LETTER

TO:	Registration Sec Division of Corp			
		Mode	Iscope, LLC	
SUBJE	CCT:		led Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please 1	return all correspon	ndence concerning this matter	to the following:	
		414	Bradley Konia Name of Person	, , , , , , , , , , , , , , , , , , ,
			Modelscope, LLC Firm/Company	1 -4-4
		1	3755 Greentree Trail	
		V	Vellington, FL 33414	
		E-mail address: (t	City/State and Zip Code amy@hostland.com o be used for future annual report notificat	ion)
For fur	ther information co	oncerning this matter, please ca		
 +	Name of	Amy Frey f Person	at (561) 62 Area Code & Daytime T	28-2595 elephone Number
Enclose	ed is a check for th	e following amount:		
□\$ 25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	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

<u>Models</u>	cope, LLC			
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears d Liability Company)	on our records.		
The Articles of Organization for this Limited Liability Compa	my were filed on	12/4/2007	and a	ssigned
Florida document number <u>L07000120609</u> .				
This amendment is submitted to amend the following:				
A. If amending name, <u>enter the new name of the limited li</u>	iability company here	:		
Scope Aremy	110			
The new name must be distinguishable and end with the words "L	inited Liability Compan	y," the designation "L	LC" or the	e abbreviatio
L.L.C."				
Enter new principal offices address, if applicable:	+			
(Principal office address MUST BE A STREET ADDRESS)	<u></u>		<u> </u>	<u> </u>
			<u> </u>	SICH
			7	25 25
Enter new mailing address, if applicable:			Ě	
(Mailing address MAY BE A POST OFFICE BOX)			7	क् प्रक
maung agaress MAT DE ATOST OFFICE BOA			- ట్ల	\$ 75
			<u> </u>	S _F
B. If amending the registered agent and/or registered	affice address on au	ir records, enter t	ie name	1/2
registered agent and/or the new registered office address h			1101111	Or the ne
Name of New Registered Agent:				,,, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>
New Registered Office Address:				
	Ente	r Florida street addi	ress	
		, Florida	<u>.</u>	
	City		Zip Co	de

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 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:

MGR = Manager

	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
 7			Add Remove
			Add Remove
			Add Remove
····			Add Remove
If amen	ding any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)	
			
	D. Vana 1	2. 10	
ted (Arillog, of a member	r or authorized representative of a member	

Filing Fee: \$25.00