# L080000 73872

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(City/	State/Zip/Phon	ne #)
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J. BRYAN
DEC 1 9 2008
EXAMINER

# **COVER LETTER**

TO: Registration Sec Division of Corp		· •	
SUBJECT:	SCA Bro (Name of Lim	Kerage LLC ited Liability (Impany)	<del>-</del>
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	SCA Br	Caruso Tr. (Name of Person)  OKERAGE LLC (Firm/Company)  ORANGE AVE, (Address)  OF 1 3280 (City/State and Zip Code)	Suite 1100 = 3
	oncerning this matter, please co		
Jimmy Ca (Name o	(USO f Person)	at ( <u>407). 256-8</u> (Arca Code & Daytime T	elephone Number)
Enclosed is a check for the	e 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

Jability Company as it now appears on our records.)

lorida Limited Liability Company) Florida document number 4 08 0000 73872 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) 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 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> **Address** Type of Action Jar Berlinsky
James P Caruso Jr MGRM Add - Ovi Fixing Remove \_ Add Remove ☐ Add Remove □ Add ☐ Remove 🗖 Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated\_ Signature of a member or authorized representative of a member Typed or plinted name of signee

Page 2 of 2

Filing Fee: \$25.00