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TALLAHASSEF FLORIO

T. HAMPTON SEP 1 2 2008

EXAMINER

COVER LETTER

TO: • Registration Se Division of Con							
SUBJECT:	4. SCOOTER	S LLC					
SUBJECT: 4-SCOOTERS LLC (Name of Limited Liability Company)							
The enclosed Articles of Amendment and fee(s) are submitted for filing.							
Please return all correspo	ondence concerning this matter	to the following:					
	Mary	Name of Person)					
	4-Sca	OOTERS LLC (Firm/Company)					
	800 8	8th Street (Address)					
	AT	(Address)					
	Vero E	Seach, FL 3 (City/State and Zip Code)	2960				
		(City/State and Zip Code)					
For further information c	oncerning this matter, please c	all:					
Mary	Ma Po	at (<u>172)</u> 178 - 31 (Area Code & Daytime T	elephone Number)				
Enclosed is a check for the	ne 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				

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

(additional copy is enclosed)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

·	OOTERS LLC				
(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 Liability Florida document number	ity Company were filed on <u>Augus 41, 2008</u> and assigned				
This amendment is submitted to amend the following	g:				
A. If amending name, enter the new name of the	limited liability company here:				
The new name must be distinguishable and end with the "L.L.C."	e words "Limited Liability Company," the designation "LLC" or the abbreviation				
Enter new principal offices address, if applicable	:				
(Principal office address MUST BE A STREET A	DDRESS)				
Enter new mailing address, if applicable:	SECRE				
(Mailing address MAY BE A POST OFFICE BOX	SSS T				
R If amending the registered agent and/or m	egistered 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)				
	, Florida				
	icavi izib codei				

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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM'= Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
<u>mgr</u> m	Roberta Kaye Newman	Nero Beach, FL 32967	_⊠ Add _□ Remove
	·		Add Remove
			Add Remove
D. If amend 	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)	ILED II "" ARY 9F SI
			2: 32 ATE
Dated <u>S.P.</u>	Many S. K. Signature of a member of	MCJafo rauthorized representative of a member	
	Typed or	Knclpp printed name of signee	

Page 2 of 2

Filing Fee: \$25.00