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COVER LETTER

TO: Registration Sec Division of Corp					
SUBJECT: S.C.A.T	. 1, LLC (Name of Lim	ited Liability Company)		#	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspor	ndence concerning this matter	to the following:			
	Jeffrey R. Pegler, Esq.				
		(Name of Person)			
		(Firm/Company)		: 2	
21 Royal Palm Pointe, Suite 100				***********	
(Address)					*********
	Vero Beach, FL 32960			AFRY SSE	7
		(City/State and Zip Code)		T 2	ş 1
For further information co	oncerning this matter, please c	all:		2009 MAR -2 PM 2: 44 SECRETARY OF STATE A	
Jeffrey R. Pegler		at (<u>772</u>) 794-1918			
(Name of	f Person)	(Area 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)	Certified	e of Status &	

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

S.C.A.T. 1, LLC (Name of the Limited)	l Liability Compa A Florida Limited L	ny as it now appears on our identified in the company.	records.)		
The Articles of Organization for this Limited L	iability Company	were filed on		and ass	igned
Florida document number	·				
This amendment is submitted to amend the following	lowing:				
A. If amending name, enter the new name of	of the limited liab	ility company here:			
The new name must be distinguishable and end wi"L.L.C."	ith the words "Limi	ited Liability Company," the c	lesignation "LLC"	or the a 2009	bbreviation
Enter new principal offices address, if applic	cable:	C/O OCULINA BANK)9 MAR	and the state of t
(Principal office address MUST BE A STREE		780 U.S. HIGHWAY 1	ASSE	20	**************************************
	_	VERO BEACH, FL 3296	F77	√	
Enter new mailing address, if applicable:		C/O OCULINA BANK	FLOR	PM 2: 4	Ö
(Mailing address MAY BE A POST OFFICE BOX)		780 U.S. HIGHWAY 1	Drii >	<u> </u>	
		VERO BEACH, FL 3296	2		
B. If amending the registered agent and registered agent and/or the new registered o			rds, <u>enter the</u>	name o	f the new
Name of New Registered Agent:	JEFFREY R. I	PEGLER, ESQ.			
New Registered Office Address:	21 ROYAL PA	ALM POINTE, SUITE 100			
		(Enter Flori	ida street addres.	s)	
	VERO BEACH		, Florida <u>32960</u>		
		(City)	(.	Zip Cod	e)

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, carer the title, name, a

If amending the Managers or Managing Members on our records, <u>carer the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = M	lanager	
MGRM =	Managing	Member

<u>Title</u>	<u>Name</u>	Address	Ty	pe of Action
MGRM	GREGORY L. WILLIAMS	6425 53RD STREET		Add Remove
		VERO BEACH, FL 32967		Kemove
MRGRM	DEBRA J. WILLIAMS	6425 53RD STREET		Add
		VERO BEACH, FL 32967		Remove
MGRM	JEFFREY A. MAFFETT	C/O OCULINA BANK	 @	
		780 US HIGHWAY 1 VERO BEACH, FL 32962		Remove
MGRM_	CHRISTOPHER J. RUSSELL	C/O OCULINA BANK		Add The Remove
		780 US HIGHWAY 1 VERO BEACH, FL 32962	S = 0	N 1
				dd Cemove
				Add
				Remove
D. If amen	ding any other information, enter chan	nge(s) here: (Attach additional sheets, if necessor	ıry.)	
_				
_			- 	
_				
_				
Dated FEBI	RUARY 25) .		
	, —	·		
	Signature of a memb	per or authorized representative of a member		_
		R, ESQ. as Representative		_
	туре	ed or printed name of signee		

Page 2 of 2

Filing Fee: \$25.00