-L09000019981

(Requestor's Name)			
(Address)			
(Addross)			
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PICK-UP WAIT	MAIL .		
(Business Entity Name)	 		
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2009 APR 15 PM 3: 22
SECRETARY OF STATE TALLAHASSEE. FLORID

C. LEWIS

APR 1 6 2009

EXAMINER

COVER LETTER

TO: Registration Sect Division of Corpo						
SUBJECT: 4710 SCL, LLC						
	(Name of Limite	d Liability Company)				
The enclosed Articles of Amendment and fee(s) are submitted for filing.						
Please return all correspond	dence concerning this matter to	the following:				
CRAIG D. BLUME						
		(Name of Person)				
CRAIG D. BLUME, P.A.						
		(Firm/Company)	<u>-</u>			
	800 HARBOUR DRIVE	2222				
(Address)						
	NAPLES, FLORIDA 34103	•				
		City/State and Zip Code)				
For further information concerning this matter, please call:						
CRAIG D. BLUME		at (239) 417-4848				
(Name of	Person)	(Area Code & Daytime To	elephone 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

FILED
2009 APR 15 PM 3: 22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4710 SCL, 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 C	Company were filed on FEBRUAL	RY 27, 2009 and assigned
Florida document number L09000019981		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and end with the wor "L.L.C."	rds "Limited Liability Company," th	ne designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office add		ecords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	(Enter F	lorida street address)
	,	
	(City)	, Florida (Zip Code)

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 MGRM = Managing Member **Title** Name **Address** Type of Action MGR ANTONIO BROWN 754 107TH AVENUE NORTH Add NAPLES, FLORIDA 34108 Remove GUILLERMO J. BORDA MGR 6020 Radio Road Add Add Naples, Florida 34104 Remove MGR Fabiola Villazon Olaverri 6020 Radio Road <u>ra</u> 🗗 Add Remove Naples, Florida 34104 ☐ Add Remove _ Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated March 31

Page 2 of 2

Antonio Brown
Typed or printed name of signee

Signature of a member or authorized representative of a member

Filing Fee: \$25.00