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SECRETARY OF STATE OF CORPORATIONS OF CORPORATIONS

T. HAMPTON

SEP - 8 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: 5(e) Aftorwy LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Charles L. Fourteun II
Slee Attorny LLC
Wetter West Palm Beach, F1 33406
Wetters West Palm Beach, F1 33406
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Charles L Foundarin W at (54) Wo-2364 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \times \text{S30.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{\$\text{Certified Copy (additional copy is enclosed)}} \text{\$\text{Certified Copy (additional copy is enclosed)}} \text{\$\text{Certified Copy (additional copy is enclosed)}} \text{\$\text{\$\text{Certified Copy (additional copy is enclosed)}}} \text{\$\text{\$\text{Certified Copy (additional copy is enclosed)}}} \text{\$\text{\$\text{Certified Copy (additional copy is enclosed)}}} \text{\$\text{\$\text{\$\text{Certified Copy (additional copy is enclosed)}}} \$\text{\$\t

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

SCI A-b	ray,	LLC		TTORNEY, LLC	2
(<u>Name of the Limited Liab</u> (A Flori	ility Compan√ as i da Limited Liabilit	t now appears o y Company)	n our recor	<u>ds.</u>)	
The Articles of Organization for this Limited Liabilit	ty Company were	filed on <u>OU</u>	04/20	00 9 and assi	gned
This amendment is submitted to amend the following	g:				
A. If amending name, enter the new name of the	limited liability c	ompany here:			
The new name must be distinguishable and end with the "L.L.C."	words "Limited Li	ability Company,	" the designa	ation "LLC" or the a	bbreviation
Enter new principal offices address, if applicable:		· · · · · · · · · · · · · · · · · · ·			
(Principal office address MUST BE A STREET AL	ODRESS)	.,,		<u> </u>	BIS
				<u> </u>	<u> </u>
				- -	F CO
Enter new mailing address, if applicable:					골유
<u>(Mailing address MAY BE A POST OFFICE BOX</u>	2			<u> </u>	ARIA I
			<u> </u>	<u></u>	<u> </u>
B. If amending the registered agent and/or re registered agent and/or the new registered office a		ddress on our	records, g	enter the name of	f the new
•					
Name of New Registered Agent:			······		
New Registered Office Address:					
		Enter	Florida str	eet address	
	······································	·····	, Flor		
	City	,		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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Ma MGRM = M	Managing Member A	NDREW STRECKER LLC	
<u>Title</u>	<u>Name</u> A	33 CLEMATIS STREET PT 3E	Type of Action
n <u>GRM</u>	A	C 533 Clemates Street Apt 3E West Aum Beach, F1 33°	Remove
n6RM	CORY MELTZER LLC 6503 NORTH MILITARY TRAIL	GS03 N. M. 1/Leny Trail Apt 4/501 Boca Raton, F1 33491	Add Remove
	4501 BOCA RATON, FL 33496 US		Add Remove
			Add Remove
			Add Remove
	<u>. , , , , , , , , , , , , , , , , , , ,</u>		Add Remove
D. If amen	ding any other information, enter change	e(s) here: (Attach additional sheets, if necessary.)	- - 09
			FILED FILED STATE STATE OF STATE OF CORPORATE SEP -4 PM 12:
Dated	Signature of a member	or authorized representative of a member	OF STATE RPORATIONS PM 12: 06
	Charles L	or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00