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COVER LETTER

TO: Registration Section Division of Corporation	
SUBJECT:	Scylon L.L.C.
	Name of Limited Liability Company
The enclosed Articles of An	nendment and fee(s) are submitted for filing.
Please return all corresponde	ence concerning this matter to the following:
	John Nassar Name of Person
	Name of Person
	Scylon L.L.C. Firm/Company
	Firm/Company
	7635 Ashley Park Ct. Ste 503
	7635 Ashley Park Ct. Ste 503 Address
	Orlando FL 32835 City/State and Zip Code jnassar@ Scylon.com E-mail address: (to be used for future annual report notification)
	City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For further information con-	cerning this matter, please call:
John No Name of P	at (352) 602 96 72 Area Code & Daytime Telephone Number
Enclosed is a check for the	following amount:
\$25.00 Filing Fee	\$30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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

Scylon L.L.C.
(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 Company were filed on $\frac{1}{30/2009}$ and assigned
Florida document number <u>L 09000073069</u> .
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 neregistered agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address: Enter Florida street address: Florida
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>	Name	Address	Type of Action
M6R	JULIANTORO, AGUSTINUS	7635 ASHLEY PARK CT. SUITESO	Add Remove
			Add Remove
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			Add Remove
D. If amend	ding any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)	
 Dated	October 15, 20	SECIE IAR POP	130 60 1130 60
	John N	r or authorized representative of a member assar	₹ D
	Typed	or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00