L09000082371

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OSPACIFICATIONS
OF CORPORATIONS
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE DIVISION OF CORPORATIONS

COVER LETTER

TO: Registration S Division of Co		1		
SUBJECT:	Scan	Invest, L.L.C.	2	
		ited Liability Company		
	f Amendment and fee(s) are subondence concerning this matter		ON THE 29 PARTS	
•		Andrew Scanameo	•	
		Name of Person		
		ScanInvest, L.L.C.		
		Firm/Company		
	45	4502 Rockbridge Hollow		
		Address		
	Tal	Tallahassee, Florida 32309		
		City/State and Zip Code		
	E-mail address: (to be used for future annual report notific	ation)	
For further information	concerning this matter, please of	call:		
	hi C. Wilkinson	ut t	668-4130	
Name of Person		Area Code & Daytime	Telephone 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)	
MAILUNC ADDDESS.		STDEET/COUDIE	D ADDRESS	

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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

Scanlvest, 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 ____August 27, 2009 and assigned L09000082371 Florida document number 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 new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

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

30 E

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Luz A. Scanameo	4502 Rockbridge Hollow Tallahassee, Florida 32309	Add Remove
	 		Add Remove
<u> </u>			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ling any other information, ent	er change(s) here: (Attach additional sheets, if necessal	ry.)
			
 Dated	August 23 cd	, _201/1 1 .	
	Signature of	member or authorized representative of a member Andrew Scanameo	
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00