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JAN 2 6 2016 S. YOUNG

COVER LETTER

TO: Registration Se Division of Cor				
RICO Solu SUBJECT:	tions LLC			
SOBORCI.	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Kristina Plikaitiene			
	THISMING I TIKUTUNE	N		
		Name of Person		
	RICO Solutions LLC			
		Firm/Company		司公 古
	15173B NE 21ST AVE			
		Address		製きこ
	North Miami Beach FL 33	162		EE 25 PE
		City/State and Zip Code		100 PM
	kristina@plikaitis.com			15 23 16 23
		to be used for future annual report notifi	cation)	Tiche Co.
For further information co	oncerning this matter, please co	all:		
Kristina Plikaitiene	ر منتها وجدد مصر مترد من واقع مورون نام دور من مارور در الله مراد و مراد و مراد و مراد و مراد و مراد	305 332 8103	ر در انتخاص المنافع ا	
Name of			Telephone Number	r der r Andread gramma der Film in bleide fig die geste deputation gestelle gestelle gestelle gestelle gestelle
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 (of Status &
B4 A TV I	INC ADDDESS.	STDEET/COUDIN	ED ADDRECC.	

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

	and assigned
Florida document number L09000084998 This amendment is submitted to amend the following:	U
This amendment is submitted to amend the following:	
····· ·- ·	
A. If amending name, enter the new name of the limited liability company here:	
SCA AUCTIONS LLC	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "Li	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	نقس د
Principal office address MUST BE A STREET ADDRESS)	产员 67
	宣科 差 而
	70 P
Inter new mailing address, if applicable:	The O
Mailing address MAY BE A POST OFFICE BOX)	Consideration of the second
	12 N
	(L)

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 605, 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

Florida

Zip Code

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			Change
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			□ Remove
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effective date is listed, the date must be specific and cannot if the date inserted in this block does not meet the innent's effective date on the Department of State's in the date inserted in this block does not meet the innent's effective date on the Department of State's in the date in the date in the Department of State's in the date of the date of the Department of State's in the Department of State's i	be prior to date of filir applicable statutor	ig or more than 90 days	s after filing.) Pursuant to 605.
ecord specifies a delayed effective date, l ne 90th day after the record is filed.	out not an effect	tive time, at 12:	01 a.m. on the earlie
January 21 201	ś		
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Filing Fee: \$25.00