LD9000089627

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL .
· (Bu	siness Entity Nar	me)
· · (Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special instructions to	Filing Officer:	
		į
		,

Office Use Only

G. MCLEOD

SEP 24 2009

EXAMINER



500160909255

09/23/09--01015--022 **30.00

09 SEP 23 AM 11: 41

COVER LETTER

Division of Co	rporations		. •
SUBJECT:	Scooter Pro America	a Limited Liability Compa	iny
SCHOLCI.	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
		Bradley B Elliott	
		Name of Person	
	Scooter Pro A	merica Limited Liability Com	pany
		Firm/Company	
		1011 S.W 10th Ave.	
		Address	
	C	keechobee Fl. 34974	
		City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
	Bra	delliott50@hotmail.com to be used for future annual report notifica	
For further information	concerning this matter, please c	-	- , ; -
Br	adley B Elliott	at (32-9355
Name of Person		Area Code & Daytime	Celephone 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)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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

Scooter Pro America" Lir	nited Liability	Company"	
(Name of the Limited Liability Compa (A Florida Limited	Liability Company)	s on our recorus.)	
The Articles of Organization for this Limited Liability Company	09-16-09	and assigned	
Florida document number			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lial	oility company her	<u>·e</u> :	
Scooter Pro An	· · · · · · · · · · · · · · · · · · ·		
The new name must be distinguishable and end with the words "Lim"L.L.C."	ited Liability Compa	ny," the designation "l	LLC" or the abbreviatio
Enter new principal offices address, if applicable:	N/A	-	
(Principal office address MUST BE A STREET ADDRESS)			SECR IVISIO
Enter new mailing address, if applicable:	N/A		FILE ETARY FOF SO
(Mailing address MAY BE A POST OFFICE BOX)			366
			A A A
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		our records, <u>enter</u>	the name of the nev
Name of New Registered Agent:			
New Registered Office Address:	En	ter Florida street ada	tress
		, Florida	
	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 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>	<u>Name</u>	Address		Type of Action
MGR	Bradley B Elliott	.Okeecho	V 10th Ave. bee Fl.	✓ Add Remove
MGRM_	Ron Elliott	Okeecho	V Parrott Ave. bee Fl.	✓ Remove
	<u>-</u>			Add Remove
				Add Remove
	<u></u>			AddRemove
				Add Remove
D. If amend	ling any other informa	ion, enter change(s) here: (Atta	tach additional sheets, if necessa	ary.)
_				
	09/21	2009		
Dated		Brodly B Elliot	4	
	Sig	ature of a member or authorized to	•	_
		Bradley B Elli Typed or printed name		

Page 2 of 2

Filing Fee: \$25.00