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Certified Copies	Certificate	s of Status <u>Admin</u>
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FILED 09 OCT 19 PM 12: 12 SECRETARY OF STATE ALLAHASSEE, FLORIDA

COVER LETTER

Division of Cor	porations		the transfer				
CURIECE	Scooter F	Pro America "Ilc."					
SUBJECT:		ted Liability Company	• .				
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.					
Please return all correspo	ndence concerning this matter	to the following:					
		Bradley B Elliott					
		Name of Person					
Scooter pro america IIc.							
	Firm/Company						
	1011 s.w 10th Avenue						
	Address						
Okeechobee Florida 34974							
•		City/State and Zip Code					
1.8	· info@	scooterproamerica.com					
*** * · · ;	info@scooterproamerica.com E-mail address: (to be used for future annual report notification)						
For further information c	oncerning this matter, please of	call:					
	Brad Elliott	at (863)	532-9355				
Name o	f Person	Area Code & Daytin	ne Telephone Number				
Enclosed is a check for the	ne 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

09 OCT 19 PM 12: 13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

	Scooter pro an	nerica "Ilc."	IALL	AHASSEE. FLORIDA
(Name of the Limi	ted Liability Company (A Florida Limited Lia	as it now appears bility Company)	on our records.)	TEURIDA
The Articles of Organization for this Limited	d Liability Company w	vere filed on	9/23/09	and assigned
Florida document number 1090000				
This amendment is submitted to amend the f	following:			
A. If amending name, enter the new name	e of the limited liabili	ty company here:		
	N/A			
The new name must be distinguishable and end "L.L.C."	with the words "Limite	d Liability Company	," the designation "	LLC" or the abbreviation
Enter new principal offices address, if applicable:		N/A		.
(Principal office address MUST BE A STR	EET ADDRESS)			
			· · · · · · · · · · · · · · · · · · ·	
Enter new mailing address, if applicable:		N/A		
(Mailing address MAY BE A POST OFFIC	CE BOX)			<u>.</u>
B. If amending the registered agent ar registered agent and/or the new registered		ce address on ou	r records, <u>enter</u>	the name of the new
Name of New Registered Agent:	n/a			
New Registered Office Address:	n/a			
		Ente	r Florida street add	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 **Address Type of Action** <u>Title</u> <u>Name</u> Ronald B Elliott mgrm 1011 s.w 10th Ave. Okeechobee Florida 34974 Remove ☐ Add ☐ Remove ☐ Add Remove Remove ___Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) n/a Dated _ Signature of a member or authorized representative of a member Bradley B Elliott Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00