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SECRETARY OF STATE

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T. BROWN

COVER LETTER

TO? Amendment Section
Division of Corporations

| The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Richard M. Levine | NAME OF CORPORATION: SCCC Made Document Number: L090001186 | anagement LLC 550 |
|---|--|--|
| Richard M. Levine Name of Contact Person SCCC management LLC Firm/ Company 490 N Washington Ave Address Titusville, FL 32796 City/ State and Zip Code State and Zip Code | The enclosed Articles of Amendment and fee are su | ubmitted for filing. |
| Name of Contact Person SCCC management LLC Firm/ Company 490 N Washington Ave Address Titusville, FL 32796 City/ State and Zip Code Iynnl@spacecoastcancer.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Lynn Levine Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: State Stiling Fee Certificate of Status Certificate of Status Certificate of Status Additional copy is enclosed) Mailling Address Amendment Section Street Address Amendment Section | Please return all correspondence concerning this ma | atter to the following: |
| SCCC management LLC Firm/ Company 490 N Washington Ave Address Titusville, FL 32796 City/ State and Zip Code Sample of Contact Person Area Code & Daytime Telephone Number | Rìchard M. Levin | ne |
| SCCC management LLC Firm/ Company 490 N Washington Ave Address Titusville, FL 32796 City/ State and Zip Code Sample of Contact Person Area Code & Daytime Telephone Number | | Name of Contact Person |
| Address Titusville, FL 32796 City/ State and Zip Code Second Second State and Zip Code | SCCC managem | |
| Address Titusville, FL 32796 City/ State and Zip Code Second Second State and Zip Code | | Firm/ Company |
| Titusville, FL 32796 City/ State and Zip Code Spacecoastcancer.com | 490 N Washingto | • • |
| City/ State and Zip Code | | Address |
| Lynn @spacecoastcancer.com | Titusville, FL 327 | 796 |
| E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Lynn Levine Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee Certificate of Status Certified Copy (Additional copy is certified Copy (Additional Copy is enclosed) Mailing Address Amendment Section Mailing Address Amendment Section | | City/ State and Zip Code |
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| Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee \$35 Filing Fee & \$35.50 Filing Fee & Certificate of Status \$35 Certified Copy Certificate of Status \$35 Certified Copy Certificate of Status \$35 Certified Copy Certified Copy (Additional Copy is enclosed) \$35 Certified Copy (Additional Copy is enclosed) \$35 Certified Copy (Additional Copy is enclosed) | For further information concerning this matter, pleas | se call: |
| Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee \$35 Filing Fee Certificate of Status Certified Copy (Additional copy is certified Copy (Additional Copy is enclosed) **Mailing Address** Amendment Section Area Code & Daytime Telephone Number \$47.75 Filing Fee & \$\Bigsim \frac{\partial \text{Status}}{\partial \text{Status}} \text{Certified Copy} \text{Certified Copy} \text{Certified Copy} \text{is enclosed}) | Lynn Levine | at (321) 268-4200 |
| \$35 Filing Fee | Name of Contact Person | |
| Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) (Additional Copy is enclosed) (Additional Copy is enclosed) Mailing Address Amendment Section Certified Copy (Additional Copy is enclosed) Street Address Amendment Section | Enclosed is a check for the following amount made | payable to the Florida Department of State: |
| Amendment Section Amendment Section | _ | Certified Copy (Additional copy is enclosed) Certificate of Status Certified Copy (Additional Copy |
| Amendment Section Amendment Section | Mailing Address | Street Address |
| Division of Corporations Division of Corporations | Amendment Section | Amendment Section |
| D.O. D. (2007) | | |
| P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle | | |

Tallahassee, FL 32301



June 11, 2014

RICHARD M LEVINE SCCC MANAGEMENT, LLC 490 N WASHINGTON AVE TITUSVILLE, FL 32796

SUBJECT: SCCC MANAGEMENT, LLC

Ref. Number: L09000118650

We have received your document for SCCC MANAGEMENT, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 714A00012591

Teresa Brown Regulatory Specialist II

www.sunbiz.org

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

| ARTICLES OF A | |
|--|--|
| ARTICLES OF O | RCANIZATION: 14/1/1/ |
| OF | 73,60, 23 |
| | CAMPAGA PA 3. |
| SCCC MANAGEMENT, LLC | ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ |
| (Name of the Limited Liability Compan (A Florida Limited Li | v as it now appears on our records.) ability Company) |
| | The 11 2009 |
| The Articles of Organization for this Limited Liability Company v | vere filed on and : ssigned |
| Florida document number <u>L09000118650</u> . | ' |
| This amendment is submitted to amend the following: | |
| | |
| A. If amending name, enter the new name of the limited liabil | ny company nere: |
| The new name must be distinguishable and end with the words "Limited Liabil | ity Company "The designation "LLC" or the abbreviation "LL1" |
| | try company. The designation factor with an array factor and a second |
| Enter new principal offices address, if applicable: | - MAI I STATE OF THE STATE OF T |
| (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 off registered agent and/or the new registered office address here | |
| registered agent and/or the new registered office address nere. | • |
| 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 vith and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this decument is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liat ility company has been notified in writing of this change.

City

If Changing Registered Agent, Signature of New Registered A ent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of eac 1 Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | Name | Address | Type of Action |
|--------------|---------------|--|----------------|
| m <u>GRM</u> | ZIMM, SOLOMON | 490 N washington the | |
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| Effective date if other than the date of filings | (ontional) |
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| Effective date, if other than the date of filing: (The effective date must be specific, cannot be prior to date of receipt or filed date at the date this document is filed by the Florida Department of State) | (optional) d cannot be more than 90 days after |
| (The effective date must be specific, cannot be prior to date of receipt or filed date ar | (optional) d cannot be more than 90 days after . |
| (The effective date must be specific, cannot be prior to date of receipt or filed date at the date this document is filed by the Florida Department of State) | d cannot be more than 90 days after |
| the date this document is filed by the Florida Department of State) | d cannot be more than 90 days after |

Page 3 of 3

Filing Fee: \$25.00