

L10000007149

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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MAIL

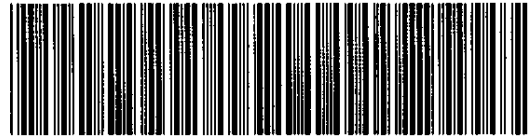
(Business Entity Name)

(Document Number)

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AUG - 4 AM 10:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. O. ~~2009~~ AUG - 5 2010

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Scientific ROI  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Donald A. Cooper II

Name of Person

Scientific ROI

Firm/Company

731 Airport Road Suite E

Address

Panama City, Florida 32405

City/State and Zip Code

info@scientificroi.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Donald A. Cooper II

Name of Person

at ( 850 )

270-7022

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)

### 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**

**FILED**

**10 AUG -4 AM 10: 27**

**Scientific ROI**

(Name of the Limited Liability Company as it now appears on our records.  
(A Florida Limited Liability Company)

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

The Articles of Organization for this Limited Liability Company were filed on January 19, 2010 and assigned  
Florida document number L10000007149

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 "LLC."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

Scientific ROI

731 Airport Road Suite E

Panama City, Florida 32405

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

Scientific ROI

731 Airport Road Suite E

Panama City, Florida 32405

**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:**

731 Airport Road Suite E

*Enter Florida street address*

Panama City

Florida

32405

*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>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary)

\_\_\_\_\_

\_\_\_\_\_

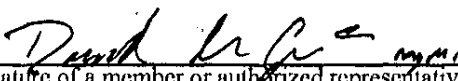
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 10 AUG -4 AM 10:27  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Dated \_\_\_\_\_

  
 Signature of a member or authorized representative of a member  
 Donald Allen Cooper II  
 Typed or printed name of signee