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EXAMINER

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SECRETARY OF STATE
TALL'AHASSEE, FI STATE

COVER LETTER

TO: Regis Divis				
SUBJECT: _	122	Management Name of Limit	Scap LLC ited Liability Company	
		mendment and fee(s) are sul		
		PANC	Name of Person Managemet Group Firm/Company	LLC 7A 29
		5360	Firm/Company Sw 132nd Ave Address FL 33027 City/State and Zip Code	2010 APR -2 PH 1:54 SECRETARY OF STATE TALL AHASSEE, FLORID
Dec Contractive		E-mail address:	TO be used for future annual report notifica	خ ر:
Por further inf		ncerning this matter, please of the control of the		93 elephone Number
Enclosed is a		following amount: \$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)
	MAILI	NG ADDRESS:	STREET/COURIE	R ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

122 Mona		Sroup	LL	\mathcal{L}			
(Name of the Limited Liabilit	y Company as it n Limited Liability (ow appea Company)	rs on our	records.)			
The Articles of Organization for this Limited Liability	Company were fil	ed on	3/16/	2010	a	nd assig	ned
Florida document number <u>LIOOOCC28888</u>	·						
This amendment is submitted to amend the following:			,				
A. If amending name, enter the new name of the lin	nited liability con	npany hei	<u>·e</u> :				
The new name must be distinguishable and end with the we"L.L.C."	ords "Limited Liab	ility Comp	any," the	designation	"LLC"	or the abl	breviation
Enter new principal offices address, if applicable:					T Si	2011	
(Principal office address MUST BE A STREET ADD	RESS)				CAE	AP R	η
	<u></u>		*****		SSVE	\(\)	
					Y OF	PH	
Enter new mailing address, if applicable:					LORI	••	
(Mailing address MAY BE A POST OFFICE BOX)					250	ਜੂ ਜੂ	
B. If amending the registered agent and/or regi registered agent and/or the new registered office ad		lress on	our reco	ords, <u>ente</u>	r the na	ame of	the new
Name of New Registered Agent:							
New Registered Office Address:			ter Flori	ida street a	ddress		
		Li	1 10f1				
	City			_, Florida _	Zij	o 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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member **Type of Action** <u>Address</u> **Title** Name RODRIGUEZ RANDI MGRM Remove □ Add Remove ☐ Add ☐ Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary) ž March Dated ___ Signature of a member or authorized representative of a member

Page 2 of 2

Filing Fee: \$25.00

Typed or printed name of signee