

L10000037570

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

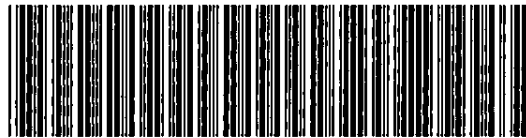
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JAN 24 2012
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FILED
12 JAN 23 PM 2:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Structured Cabling Group, LLC

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:

Bradley Edward Byrd

Name of Person

Structured Cabling Group, LLC

Firm/Company

524 upper 3rd St. S

Address

Jacksonville Beach, FL 32250

City/State and Zip Code

brad@structuredcablinggroup.com

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

For further information concerning this matter, please call:

Bradley Byrd

Name of Person

at (904)

6131856

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**

Structured Cabling Group LLC

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

The Articles of Organization for this Limited Liability Company were filed on 04/07/2010 and assigned
Florida document number L10000037570.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

SCG JAX LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

524 upper 3rd St. S

Jacksonville Beach, FL 32250

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

524 upper 3rd St. S

Jacksonville Beach, FL 32250

FILED
12 JAN 23 PM 2:30
CLERK OF STATE
TALLAHASSEE, FLORIDA

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:

Bradley Edward Byrd

New Registered Office Address:

524 upper 3rd St. S

Enter Florida street address

Jacksonville Beach

Florida

32250

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

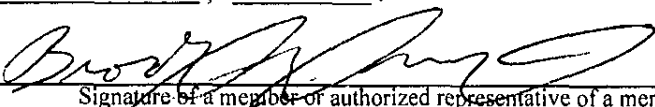
| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|-----------------|---|--|
| MGRM | Bradley E. Byrd | 524 upper 3rd St. S Jacksonville Beach, FL 32250 | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |
| MGRM | Anna S. Byrd | 524 upper 3rd St. S Jacksonville Beach, FL 32250 | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
| MGRM | Anna S. Byrd | 3401 Townsend Blvd 409 Jacksonville, FL 32277 | <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove |
| MGRM | Bradley E. Byrd | 3401 Townsend Blvd 409 Jacksonville, FL 32277 | <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Changed name, physical and mailing address, and address of members

and registered agent.

Dated _____


Signature of a member or authorized representative of a member

BRADLEY EDWARD BYRD

Typed or printed name of signee