L10000057562

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D. BRUCE

JUN 8 2010

EXAMINER

COVER LETTER

TO:	Registration Se Division of Cor		•	•			
SUBJE	CCT:		SCOUT, LLC ted Liability Company				
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please ,	return all correspo	ndence concerning this matter	to the following:				
		 	SHARI MILLAR				
			Name of Person				
ALIA LAW FIRM							
Firm/Company			- - 	10			
6174 AGEE ST., # 81							
	Address			20 TH	10 JUN -7	C LE LEMMA	
SAN DIEGO, CA 92122		1,336 10 7:	PH IS				
	City/State and Zip Code		101 VIS	ĽΕ	J		
	smillar@patentlawyerusa.com E-mail address: (to be used for future annual report notification)		STATE FLORIDA	<u>.</u>			
				incation)	سرهر		
For fur	ther information c	oncerning this matter, please c	all:				
<u>)</u>	S	shari Millar	at (_858_)	457-4274			
٠	Name o	f Person	Area Code & Dayti	me Telephone Numb	er		
Enclos	ed is a check for th	ne following amount:					
₹ 25	.00 Filing Fee	\$30.00 Filing Fce & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclose	ed) Certific	iling Fed cate of S ed Copy onal copy	tatus &	

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

	DSCOUT, LLC	
(Name of the Limited Liability (A Florida L	Company as it now appear Limited Liability Company)	ars on our records.)
(,	
The Articles of Organization for this Limited Liability C	ompany were filed on	May 28, 2010 and assigned
Florida document number L10000057562		
	 '	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ited liability company he	ere:
		_
The new name must be distinguishable and end with the wor "L.L.C."	ds "Limited Liability Comp	pany," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	(ESS)	
		7.4
Enter new mailing address, if applicable:		
• • • • • • • • • • • • • • • • • • • •		्रा
(Mailing address MAY BE A POST OFFICE BOX)	· · · · · · · · · · · · · · · · · · ·	650
		79 3 7
D It amounting the mariety and arrant and/or mariety		S Re
B. If amending the registered agent and/or regist registered agent and/or the new registered office add		our records, enter-the name of the nev
		_
Name of New Registered Agent:		
Name of New Registered Agent.		
New Registered Office Address:		
	Enter Florida street address	
		, 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=1	Managing Member		
Title	<u>Name</u>	Address	Type of Action
MGR_	Nathaniel Pool	2641 N FLAMINGO ROAD APT 2205-N PLANTATION FL 33323	Add Remove
MGR_	Engaging Innovations, LLC	2641 N FLAMINGO ROAD APT 2205-N PLANTATION FL 33323	Add Remove
MGR	Nathaniel D. Pool, Trustee The Nathaniel D. Pool Revocable Trust dated June 8, 1999	2641 N FLAMINGO ROAD APT 2205-N PLANTATION FL 33323	
MGR	Darrin Clawson, Manager c/o Engaging Innovations, LLC	7324 NE 84th Terrace Kansas City, MO 64157	Add Remove
			Add Remove
			Add Remove
D. If amer	nding any other information, enter chang	e(s) here: (Attach additional sheets, if necessa	10)
			JUN-7 PM
Dated	June 2	110	STATE OF STATE
	·	or authorized representative of a member	
	Natha Typed	aniel Pool, Manager or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00