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COVER LETTER

TO:

Registration Section

Division of Corporations				
SUBJECT:	FLORIDA SCA	NDI AUTOWORKS LLC		
SUBJECT:		nited Liability Company		
The enclosed Articles	of Amendment and fee(s) are s	ubmitted for filing.		
Please return all corres	spondence concerning this matt	er to the following:		
		JOSEPH B ROGERS		
		Name of Person		
	FLORID	A SCANDI AUTOWORKS LLO	>	
		Firm/Company		
	8701 W IRLO	8701 W IRLO BRONSON MEMORIAL HWY, # 136		
		Address	TALLAHI	
	1	KISSIMMEE, FL 34747		
		City/State and Zip Code		
	JOE E-mail address	@FLORIDASCANDI.COM (to be used for future annual report notifical		
For further information	n concerning this matter, please	•	tion) FORTING THE STATE ORIGINATION TO PH 12 TO PH	
JOS	EPH B ROGERS	at (73-8650 >	
Name	e of Person	Area Code & Daytime T	elephone Number	
Enclosed is a check for	r 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)	
Regi Divi: P.O.	ILING ADDRESS: stration Section sion of Corporations Box 6327 shassee, FL 32314	STREET/COURIER Registration Section Division of Corporati Clifton Building 2661 Executive Cente	ons	

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FLORIDA SCANDI AUTOWORKS LLC

(Name of the Limited Liability Company as it n (A Florida Limited Liability C	ow appears on our records.) Company)	
The Articles of Organization for this Limited Liability Company were file	ed on	and assigned
Florida document numberL10000078797		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability con	<u>ipany here</u> :	
The new name must be distinguishable and end with the words "Limited Liabi 'L.L.C."	lity Company," the designation "LLC"	or the abbreviatio
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
	SLC TALL	
	· · · · · · · · · · · · · · · · · · ·	S
Enter new mailing address, if applicable:	>: (n)	- Statement
Mailing address MAY BE A POST OFFICE BOX)		- marinal and a second and a se
		Towns of the same
	AT DRI	
B. If amending the registered agent and/or registered office add registered agent and/or the new registered office address here:	ress on our records, enterathe	name of the nev
Name of New Registered Agent:		<u></u>
New Registered Office Address:		
	Enter Florida street address	
	Florida	

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR_	JOSEPH B ROGERS	8701 W IRLO BRONSON MEMO SUITE 136 KISSIMMEE, FL 34747	ORIAL Add Remove
<u>MGRM</u>	JOSEPH B ROGERS	8701 W IRLO BRONSON MEMO SUITE 136 KISSIMMEE, FL 34747	ORIAL
MGRM	HANS E TANK	8701 W IRLO BRONSON MEMO SUITE 136 KISSIMMEE, FL 34747	ORIAL
MGR_	HANS E TANK	8701 W IRLO BRONSON MEMO SUITE 136 KISSIMMEE, FL 34747	ORIAL
			AddRemove
			Add Remove
D. If amend	ling any other information, enter cha	nge(s) here: (Attach additional sheets, if nece	ssary.)
			TALI S
 Dated	09/15 ,	201/1	SEP 23 PH 3:
	J	OSEPH ROGERS	DRIE 3
	190	ed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00