L10000090184

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EXAMINER



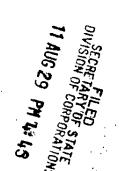
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DEFARTISHI OF STATE DIVISION OF CORPORATIONS TALLAHASSEE, FLORIDA

TAUG 29 PH L: 27



COVER LETTER

TO: Registratio Division of	n Section Corporations			
SUBJECT:	ScanIn	vest II, L.L.C.		
Name of Limited Liability Company				
		,	星。	
The enclosed Article	s of Amendment and fee(s) are sub	mitted for filing.	1 NG 29 PA TE	
Please return all corr	espondence concerning this matter	to the following:		
		1	19	
		Andrew Scanameo	3	
		Name of Person		
			7	
	Scaninvest II, L.L.C.			
	Firm/Company			
	450	02 Rockbridge Hollow		
•		Address		
	Talla	ahassee, Florida 32309		
		City/State and Zip Code		
	E mail addresse (to	be used for future annual report:		
F 6		·	nottication)	
For further information	on concerning this matter, please ca			
С	athi C. Wilkinson	at (850)	668-4130	
Nar	ne of Person		ytime Telephone Number	
_	or the following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclo	\$60.00 Filing Fee, Certificate of Status & Osed) Certified Copy (additional copy is enclosed)	
Reg Div	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327	STREET/CO Registration Se Division of Co Clifton Buildin	rporations	
Tal	lahassee, FL 32314	. 2661 Executive		

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO

ARTICLES OF ORGANIZATION **OF** Scanivest II, L.L.C. (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 Con	npany were filed on	August 26, 2010	and assigned
Florida document numberL10000090184			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	d liability company	here:	
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Co	ompany," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRES	<u></u>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registere registered agent and/or the new registered office addres	ed office address o s here:	on our records, <u>enter th</u>	ne name of the new
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, <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>	Address	Type of Action
MGR	Luz A, Scanameo	4502 Rockbridge Hollow Tallahassee, Florida 32309	✓ Add Remove
	·····		Add Remove
		i	Add Remove
			Add Remove
			Damaya
			Add Remove
D. If ame.	nding any other information, er	nter change(s) here: (Attach additional sheets, if nece	ssary.)
-			
_ _ Dated	Jugest 23,	2011	
	\Signature o	f a member or authorized representative of a member	
		Andrew Scanameo	

Page 2 of 2

Filing Fee: \$25.00