110000107608

(Requestor's Name)					
SCBA LLC 1200 W. Ave # 1217 Hiani Beach 152 33139					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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12 JAN 10 AH 9:57

B. BOSTICK
JAN 1 2 2012
EXAMINER

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

.	SCBA LLC				
(<u>Name of the Limited L</u> (A F	iability Company as it now appea lorida Limited Liability Company)	rs on our records.)			-
The Articles of Organization for this Limited Lial Florida document number L100001076		10/14/2010	and	d assigr	ned
This amendment is submitted to amend the follow	ving:				
A. If amending name, enter the new name of t	he limited liability company he	<u>re</u> :			
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Comp	any," the designation "l	LC" or	the abb	reviatio
Enter new principal offices address, if applical	ole:				····
(Principal office address MUST BE A STREET	ADDRESS)		; j,, , .		
				r⊗ €	
			-	10 mag 12	*****
Enter new mailing address, if applicable:			(2) e 50	0	.1 45
(Mailing address MAY BE A POST OFFICE B	OX)		["1,		- ND
				UD.	Section
	ALLEM PROPERTY TO A STATE OF THE STATE OF TH	Andreas and the second	- 20 // 10 // 10	C/I	
B. If amending the registered agent and/or registered agent and/or the new registered office		our records, enter t	7-2	ne of t	he nev
Name of New Registered Agent:			• •		
New Registered Office Address:		nter Florida street add			
	E)	ner Fiorida sireet ada	1633		
	Cin	, Florida	7:	anda.	

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>	Name	Address	Type of Action	1
MGR_	NELSON F. BOSSANS	1200 WEST AVENUE #1217 MIAMLBEACH, FLORIDA 33139	_☑ Add _□ Remove	
			Add Remove	
	•		Add Remove	
D. If amending	g any other information, enter change(s	here: (Attach additional sheets, if necessary.)	_	
		A E A H	12 / 4	-
			4	
Dated	DECEMBER 21 , 2011	ORIDA	9:57	
_	FELI.	authorized representative of a member PE BOSSANS printed name of signee		

Page 2 of 2

Filing Fee: \$25.00



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 30, 2011

SCBA LLC 1200 W. AVENUE #1217 MIAMI BEACH, FL 33139

SUBJECT: SCBA LLC

Ref. Number: L10000107608

We have received your document for SCBA LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6028.

Barbara Bostick Regulatory Specialist II

Letter Number: 911A00029038