L12000058768

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COVER LETTER

TO: Registration Se Division of Cor			J	
SN-SCP, L	LC			
SUBJECT:	Name of Lim	ited Liability Company		
	Amendment and fee(s) are sub	-		
riease return all correspo	ndence concerning this matter	to the following:		
	Todd B. Allen, Esq.			
		Name of Person		
	Lindsay & Allen, PLLC			
	Finn/Company 13180 Livingston Road, Suite 206			
		Address		
	Naples, FL 34109			
	T-1101-1	City/State and Zip Code		
	Todd@lindsayallenlaw.con E-mail address: (n to be used for future annual report notific	ation)	co 😋
For further information c	oncerning this matter, please c	all:		28 S
Todd B. Allen, Esq.		239 593-7900 at ()	17.58 17.58	
Name o	f Person	Area Code Daytime	Telephone Number	737
Enclosed is a check for the	ne following amount:		r f. 3 gra- 	% %
■ \$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)	
	ING ADDRESS: ration Section	STREET/COURIE Registration Section	R ADDRESS:	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SN-SCP, LLC		
(Name of the Limited Liability Co (A Florida Limi	ompany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comp Florida document number <u>L12000058768</u>		and assigned
Principal office address MUST BE A STREET ADDRESS)		
A. If amending name, enter the new name of the limited	liability company here:	
The new name must be distinguishable and contain the words "Limited I	Liability Company." the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
Enter new mailing address, if applicable:		···
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		
Name of New Registered Agent:		
New Registered Office Address:		SE N
	Enter Florida street address Florida	
	City , Florida	Zip Code
New Registered Agent's Signature if changing Registered Age	ent.	36 0

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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = M AMBR = A	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□ Remove
			□ Change
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13180 Livingston Road, Suite 201					
Naples, FL 34109	······································				
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cument's effective date on the Department of State's	records.				<i>∨</i> > ⇔
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record specifies a delayed effective date, The 90th day after the record is filed.	but not an errec	tive time, at 12	.:01 a.m.	on the	earlier
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Filing Fee: \$25.00