Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:		. !
	Division of Corporations	• •
	Fax Number : (850)617-6383	
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	Account Name : GILMAN CIOCIA INC.	
	Account Number : I20120000051	1969 1951
	Phone : (305)937-7773	1
	Fax Number : (815)301-2897	• * I
an	the email address for this business entity to be nual report mailings. Enter only one email address all Address: in fow doughtis. Can	used for future s please.**

DAN SCOTT INVESTMENTS LLC

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S1 84 Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DAN SCOTT INVESTMENTS LLC		
(<u>Name of the Limited Liability Co</u> r (A Florida Limit	nnany as it now appears on our records.) led Liability Company)	
The Articles of Organization for this Limited Liability Comparing Florida document number L12000113559	any were filed on <u>09/05/2012</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited i	iability company here:	
The new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "LLC" or	r the abbreviation [G].C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		17
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	ce address on our records, enter the	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. Florid	ia _
	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 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	Name .	Address	Type of Action
MGR	Kucine, Melissa	2114 SW 60th Terrace	□Add
		Miramar, FL 33023	■Remove
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