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| PICK-UP                 | ☐ WAIT            | MAIL        |
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| Certified Copies        | _ Certificates    | s of Status |
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## **COVER LETTER**

| TO:    | Registration Sec<br>Division of Corp |  |   | /  |
|--------|--------------------------------------|--|---|--|
| SUBJ   |                                      | N SUHA HAKTAN COLAKC                             | OGLU LLC  |  |
| SUBJ   | ECT:                                 | Name of Limit                                    | ted Liability Company   |  |
| The er | iclosed Articles of 7                | Amendment and fee(s) are subn                    | nitted for filing.  |  |
| Please | return all correspoi                 | idence concerning this matter t                  | o the following:  |  |
|        |                                      | HAYRETTIN SUHA COL                               | AKOGLU  |  |
|        |                                      |  | Name of Person  |  |
|        |                                      |  | Firm/Company  |  |
|        |                                      | 5357 MELLOW PALM WA                              | ΑΥ  |  |
|        |                                      |  | Address   |  |
|        |                                      | WINTER PARK, FL 32792                            | !   |  |
|        |                                      |  | City/State and Zip Code   |  |
|        |                                      | suha@uscocapitalgroup.com<br>E-mail address: (to | be used for future annual report notifi                             | cation)  |
| For fu | rther information ec                 | oncerning this matter, please ca                 | ·   |  |
| Науге  | ttin Suha Colakoglu                  |  | 407 666-7686<br>at ()   |  |
|        | Name of                              | Person   | Area Code Daytime   | Telephone Number   |
| Enclos | sed is a check for th                | e following amount:                              |   |  |
| □ \$2  | 25.00 Filing Fee                     | S30.00 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) |

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (Name of the Limited Liability Compa<br>(A Florida Limited               | ny as it now appears on our records.)       |                       |  |  |  |
|--|---|-----------------------|--|--|--|
| (A Florida Limited I   | Liability Company)                          |                       |  |  |  |
| he Articles of Organization for this Limited Liability Company           | were filed on 01/24/2013                    | and assigned          |  |  |  |
| Florida document number L13000012537                                     |   |                       |  |  |  |
| This amendment is submitted to amend the following:                      |   |                       |  |  |  |
| a. If amending name, enter the new name of the limited liab              | ility company here:                         |                       |  |  |  |
| SCO CAPITAL GROUP LLC  |   |                       |  |  |  |
| he new name must be distinguishable and contain the words "Limited Liabi | lity Company," the designation "LLC" or the | abbreviation "L.L.C." |  |  |  |
| Enter new principal offices address, if applicable:                      | 5357 MELLOW PALM WAY                        |                       |  |  |  |
| Principal office address MUST BE A STREET ADDRESS)                       | WINTER PARK, FL 32792                       |                       |  |  |  |
|  |   |                       |  |  |  |
| Inter new mailing address, if applicable:                                | 5357 MELLOW PALM WAY                        |                       |  |  |  |
| Mailing address MAY BE A POST OFFICE BOX)                                | WINTER PARK, FL 32792                       |                       |  |  |  |
|  |   | : D2                  |  |  |  |
| 3. If amending the registered agent and/or registered of                 |   | er the name of the    |  |  |  |
| egistered agent and/or the new registered office address her             | <u>e</u> :                                  | - 13 A                |  |  |  |
|  |   | - SE - 22             |  |  |  |
| Name of New Registered Agent:  |   |                       |  |  |  |
| New Registered Office Address:   |   | <u> </u>              |  |  |  |
|  | Enter Florida street address                | 8 <b>4</b> 8          |  |  |  |
|  | , Florida _                                 |                       |  |  |  |
|  | Circ  | 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 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 = Manager AMBR = Authorized Member **Type of Action** Title Name <u>Address</u> □ Add □ Remove \_ Change \_□ Add ☐ Remove ☐ Change \_\_\_\_\_ Add \_□ Remove \_\_\_\_ □ Change □ Add \_□ Remove \_□ Change □ Add ☐ Remove \_□ Change ☐ Remove

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| Effective date, if other than th  | e date of filing:                                       |   |   | (optional)                                       |                                    |
| I an effective date is listed, the date m<br>Note: If the date inserted in this l | ust be specific and cannot l<br>block does not meet the | pe prior to date of fil<br>applicable statuto | ing or more than 90 da<br>ry filing requireme | ays after filing.) Purs<br>nts, this date will r | uant to 605.020<br>not be listed a |
| document's effective date on the  |   |   |   |  |                                    |
|   |   |   |   |  |                                    |
| ne record specifies a delaye<br>The 90th day after the re                         | ed effective date, b                                    | ut not an effe                                | ctive time, at 12                             | 2: <b>01</b> a.m. on ti                          | ne earlier o                       |
| The 90th day after the re   | cora is med.  |   |   |  |                                    |
| Dated MAY, 17   | 2018  |   |   |  |                                    |
| Jaicu   | ·   |   | 1   |  |                                    |
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Filing Fee: \$25.00