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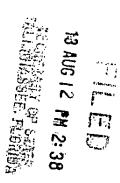
(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

TO:	Registration Section
	Division of Corporation

SUBJECT: Scaraven, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Name of Person

Florida Management Property, LLC

Firm/Company

19300 W Dixie Hwy #4

Address

North Miami, FI 33180

City/State and Zip Code

miguel@nbgrealty:com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Miguel Lulinski

305 935-7004

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

\$25.00 Filing Fee

Cl\$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)

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** Scaraven, LLC (Name of the Limited Lightlity Company as it now appears on our records)

(A Florida Limited Liability Company as it now	inany)	777 (A) 223 HOPA
(1) I Mail British Machiny Coll.	pany,	5 1
The Articles of Organization for this Limited Liability Company were filed or	_{on} 04/11/2013	and resigned
. 1 13000053297		griff ber .
Florida document number L13000053297		三 三
		N L
This amendment is submitted to amend the following:		2 S
· ·	•	
A. If amending name, enter the new name of the limited liability compa	ny here:	
The new name must be distinguishable and end with the words "Limited Liability	Company " the designation '	"LLC" or the abbreviation
"L.L.C."	Company, the designation	ELC of the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
	 	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
.		
B. If amending the registered agent and/or registered office address	es on our records enter	the name of the new
registered agent and/or the new registered office address here:	s on our records, euter	the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
Tien Regimered Office Pladies.	Enter Florida street aa	Idress
	, Florida _	Zip Code
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		
the provisions of all statutes relative to the proper and complete perform		
accept the obligations of my position as registered agent as provided for		
being filed to merely reflect a change in the registered office address, I	hereby confirm that the l	imited liability

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

If an ending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added extensive from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Florida Management Property Ll.C	19300 W Dixie Hwy #4 - North Miami FI 33180	⊌ ∧dd
			Remove
			Add Remove
			Add Remove
			C Add Remove
			Add
			Add Remove

D. If amending a	y other information, enter change(s) here: (Attach additional sheets, if necessary.)
I .	
Λ	+ 07 2012
Dated Augus	t 07 , 2013
	Signature of a member a authorized representative of a member
Flor	ida Management Property, LLC - Miguel Lulinski
	Typed or printed name of signee
	Page 3 of 3
	Filing Fee: \$25.00

18 AUG 12 PH 2: 38