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SECRETARY OF STATE
ASSEF, FLORIDA

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### COVER LETTER

TO: Registratio Division of	n Section Corporations
	cott Consulting Group LLC
SUBJECT:	Name of Limited Liability Company
The enclosed Article	es of Amendment and fee(s) are submitted for filing.
Please return all corr	respondence concerning this matter to the following:
	John D. Scott
	Name of Person
	Surface Performance Consultants LLC
	Firm/Company
	199 Governors Road
	Address
	Ponte Vedra Beach, FL 32082
	City/State and Zip Code
	jdscott22@comcast.net
	E-mail address: (to be used for future annual report notification)
For further informati	on concerning this matter, please call:
John D. Scott	678 520-1379 at ()
Na	me of Person Area Code Daytime Telephone Number
Enclosed is a check t	for the following amount:
\$25.00 Filing Fe	Solutional copy is enclosed)  \$30.00 Filing Fee & Solutional Status  Certified Copy (additional copy is enclosed)  \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section
Sign of Corporations
C.O. Box 6327
Tallahassee, FL 32314

#### STREET/COURIER ADDRESS:

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

## TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OgleScott Consulting GroupLLC		
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our recor Liability Company)	<u>ds.</u> )
The Articles of Organization for this Limited Liability Company Florida document number	were filed on April 17th 2013	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
Surface Performance Consultants LLC		
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LL	C" or the abbreviation L.L.C."
Enter new principal offices address, if applicable:	Same as before	CC C
(Principal office address MUST BE A STREET ADDRESS)	<del></del>	P. 2
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	same as before	GF STATE OR TO A
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her  Name of New Registered Agent:  New Registered Office Address:		
		lorida
	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, r.s. or, ij this accument 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	John D. Scott	199 Governors Road, Ponte Ved Q & Becch,	■ Add
		F1. 32082	□ Remove
			Change
AMBR	Matt Griffin	199 Governors Road, Ponte Ved ا مراكة مريا	<b>_</b> Add
		FL. 32082	Remove
			Change
AMBR	Dr. Michel Pawlowski	199 Governors Road, Ponte Vedr ور كاور در ا	<u>`.</u> ■ Add
		FL. 32082	Remove
			Change
	Chris Olge	199 Governors Road, Ponte Ved مر الكديدك	<b>_                                  </b>
		FL. 32082	■ Remove
			Change
			□ Add
			□ Remove
		ALLA	Chaff
	HASS LAN	Add	
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D. If amending a	any other information, er	iter change(s) here: (	(Attach additional sheets,	if necessary.)	
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(If an effective da <u>Note:</u> If the d	e, if other than the date of the is listed, the date must be spec- ate inserted in this block does fective date on the Departme	ific and cannot be prior to o s not meet the applicable	date of filing or more than 90 da	(optional) sys after filing.) Pursuant to 605.0 nts, this date will not be listed	207 (3)(b l as the
	pecifies a delayed effect day after the record is		n effective time, at 12	2:01 a.m. on the earlier	of:
6/11/20 Dated	)15				
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	signatu.	D. Scot	ed representative of a member  ame of signee	NETAR AHAS	<u> </u>
		Page 3	of 3	AM II: 34 Y OF STATE	フ
		Filing Fee:	\$25.00	A	