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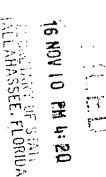
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Office Use Only



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COVER LETTER

	stration Sec sion of Corp			
SUBJECT:	SCB LIMITI	ED LIABILITY COMPANY		
SOBBECT,		Name of Lim	ited Liability Company	
The enclosed	Articles of A	mendment and fee(s) are sub	mitted for filing.	
Picase return	all correspon	dence concerning this matter	to the following:	
		PAULA F. MONTOYA		
			Name of Person	
		JACKSON MONTOYA L	AW FIRM	
			Firm/Company	
		5401 S. KIRKMAN RD, S	UITE 310	
			Address	
		ORLANDO, FL 32819		
			City/State and Zip Code	
		PAULA@JMLAWMAIL.C	OM to be used for future annual report notif	
For further int	formation co	e-man sources: () neerning this matter, please or	•	icaica)
PAULA F. M	IONTOYA		407 363-9020 at ()	
	Name of	Person		: Telephone Number
Enclosed is a	check for the	e following amount:		
\$25.00 Fi	ling Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy

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

SCB LIMITED LIABILITY COMPANY (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on MAY 14, 2014 and assigned Florida document number L14000078463 This amendment is submitted to amend the following: 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 Liability Company," the designation "LLC" or the abbreviation "L.L.C." 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 on our records, enter to registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florido street address

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

Florida



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
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		ORLANDO, FL 32819	Change
			
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Filing Fee: \$25.00

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